DOCUMENT RESUME

ED 111 487 PS 007 849

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TITLE Sharing-Among Those Concerned with School-Age Parents.
INSTITUTION Consortium on Early Childbearing and Childrearing, Washington, D. C.
SPONS AGENCY Health Services Administration (DHEW/PHS), Rockville, Md. Bureau of Community Health Services.
PUB DATE 75
NOTE 61p.
JOURNAL CIT Sharing; Winter 1975

EDRS PRICE MF-$0.76 HC-$3.32 Plus Postage
DESCRIPTORS *Adolescents; Ancillary Services; Audiovisual Aids; *Child Rearing; Contraception; Day Care Services; Family Day Care; Family Life Education; High School Curriculum; High School Role; High School Students; *Parent Education; *Parenthood Education; Regular Class Placement; Resource Materials; *Secondary Education; Sex Education

ABSTRACT

Day care services, educational programs and other supportive services for school-age parents of infants are surveyed in this publication. Mainstreaming pregnant students and improving care for the infants of students are discussed and two day care programs operating within high schools for student parents are presented in detail. A program designed to enhance the childrearing ability of young parents by emphasizing their feelings of competence (University of Pittsburgh's Project Right Start) is also discussed. Recent state and local efforts to provide better services for school-age parents and their children are documented. Annotations of many audiovisual materials dealing with pregnancy, sex, child development, birth control, and family life are provided as well as information of their quality, cost, and availability. A supplement is included which discusses the needs of infants, the strengths and deficits of adolescent parenting, and supportive services for school-age parents and their children. (BRT)

Winter
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Sharing

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The Consortium on Early Childbearing and Childrearing

. . . is a federally funded research utilization and information sharing project under the auspices of the Child Welfare League of America, Inc. The Consortium's focus is on helping communities throughout the United States establish and improve services to school-age pregnant girls, young fathers, and their infants. Attention is also given to the development of measures aimed at preventing pregnancy in adolescence. The Consortium offers consultation, sponsors conferences and workshops, and distributes publications to those interested in finding solutions to the problems of young parenthood.

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editorially speaking...

Three emerging trends have relevance for those working with school-age parents and their infants. The first is the transfer of decision-making from the federal to the state level. In an earlier issue we reported on the concept of revenue sharing. While some programs have obtained funding from this source, national reports indicate that only about three percent of these funds have been directed to human services programs.

Since July 1974, the distribution of monies available under Title V of the Social Security Act has been transferred to the states. This title governs Maternal and Infant Care and Children and Youth (M&I and C&Y) projects. In order to qualify for funds, each state, by the end of the year, must develop a program in five specific areas of health care. For some states with a variety of such projects, this will mean cutbacks. Other states with few or no services in these areas will be eligible for new funds. Another source of new funding may be Title XX of the Social Security Act. At this writing, the legislation is undergoing modification in Congress. According to its original design, funds would be available for providing a range of social services, with priorities set at the state level.

A second important trend is the increasing recognition of the right of school-age parents to continue in regular school. Proposed guidelines for Title IX of the Civil Rights Act specifically refer to the right of pregnant students to remain in school. If adopted as currently written, these guidelines will call for the withdrawal of federal funds from schools that deviate from this policy. The challenge now is to provide comprehensive services in regular school settings. In the District of Columbia, where Webster School was developed as a model for special programs, the decision has been to "mainstream" pregnant students. This recognition of pregnancy as an event natural to life is a positive step. The test will be to develop an effective model for providing comprehensive services within a "mainstream" concept.

The third trend is recognition of the need for better infant care services. California recently passed legislation authorizing public schools to develop centers for the care of infants of school-age parents. At the recent CECC-sponsored workshop on legislation, this was seen as a landmark. The participants stressed the need for interagency/interdisciplinary implementation of such programming. This issue of Sharing focuses on improving care for the infants of school-age parents. The need is obvious. We welcome your ideas.

Shirley A. Nelson

Shirley A. Nelson
Director

Day Care Services: Two Success Stories

Imagination, initiative, and persistence are needed to secure supplemental day care for the infants of school-age parents. In these reports, two program administrators share their experiences in establishing such services.

DAYTON CHILD CARE AND JOB TRAINING PROGRAM

by Amie Revere
Assistant Principal
Roosevelt High School

An innovative child care and job training program now serves school-age parents at Dayton's Roosevelt High School. The program, called Teddies' Child Care Training Center, is funded by the Ohio Department of Education, Division of Vocational Education.

Roosevelt, with a total enrollment of 1,250 students, is an all-Black, comprehensive, inner-city high school. It was chosen for a pilot project because of its high dropout rate, its inner-city location, its ability to house the program, and the job training needs of its school-age parent population.

School-age parents frequently dropped out of school before acquiring a job skill or a high school diploma. Inadequate supplemental child care was found to be a primary reason for the high dropout rate. According to data gathered from prospective program participants, the greatest need for child care was among parents of infants. There were, however, a significant number who needed supplemental care for preschool children. Therefore, the program includes both an infant and a preschool center to care for children from six months to five years of age. The average daily attendance is approximately twenty-five. Roosevelt's school-age parents are given first priority for both child care services and training.

To meet state child care guidelines, a playground was added at the Roosevelt site and existing home economics rooms, a teachers lounge, and a storage room were renovated. In addition to the regular child care teachers, four adult aides were hired to insure an adequate infant-caregiver ratio.

The job training program is taught by child care specialists; it consists of a half day of classroom instruction and a half day of supervised work in the child care center each week.

Field trips to various community resources are scheduled frequently. In addition, twelfth grade students are employed by community agencies in jobs related to child care and infant stimulation. The objectives of the training program are to help prepare students for their role as parents and to provide them with needed job skills and experience.

The center operates during regular school hours. Parents and children arrive at and leave school together with transportation provided for those who need it. While the children are cared for at the center, their parents proceed with a regular schedule of school activities.

During the first year of operation, observations by the teachers and daily written records were used to assess the children's progress. Beginning with the 1974 school year, the program adopted standardized testing as a more definitive method of evaluating growth and development.

A parents club has been organized to share information on common concerns and available resources. The club has an advisory council composed of university and school personnel, grandparents, school-age parents, and representatives from community agencies.

The Roosevelt program has had success in preventing school drop outs. In addition, it has helped young parents gain self-confidence, improve family relationships, and learn job skills--important prerequisites for breaking the cycle of welfare dependency.

The Dayton Board of Education is currently planning a new course in child management which will be offered to all school-age parents attending Roosevelt. The course will integrate a variety of community and program resources and provide counseling to help school-age parents foster the physical, emotional, and intellectual development of their children.

TEDDIES' CHILD CARE CENTER

7:30 - 8:15	Admitting
7:30 - 8:30	Free Play (supervised)
8:15 - 8:45	Music • group singing • rhythmic games • show and tell • others (example: self-expression) • clean-up
8:45 - 9:30	Art • finger painting • coloring pictures (crayola) • creative drawing • learning to use scissors • making objects (example: Mother's Day cards, Shaker-Makers) • other solitary activity and play • clean-up
9:30 - 10:00	Snack
10:00 - 10:30	Story Time
10:30 - 11:00	Outdoor Activity
11:00 - 11:30	Indoor Play (toys)
11:30 - 11:45	Clean-up/prepare for lunch
11:45 - 12:30	Lunch
12:45 - 2:00	Nap
2:00 - 2:30	Prepare for going home

THE MOTHER AND INFANT CARE EDUCATION PROJECT MINNEAPOLIS PUBLIC SCHOOLS

by Edith Garmezy, Coordinator
Special Education
Continuing Education Center

After nearly three years of planning, the Mother and Infant Care Education (M.I.C.E.) Project opened its doors in September of 1974 as a regular program funded by the Minneapolis Public Schools Special Education Department. The purposes of the program are to:

- enable student mothers to remain in their regular school;
- provide them with practical information and supervised experience in child care and parenting;
- provide their children with individualized care in a safe and stimulating environment.

Since 1961, the Minneapolis Public Schools have provided a separate, school-based comprehensive service program for pregnant girls and young mothers who do not wish to remain in their regular schools. To date, that program has served more than 1,960 students.

In September of 1971, however, a new liaison/outreach program was initiated to serve the growing numbers of young women who choose to remain in their own secondary schools. The Mother and Infant Care Education Project is a result of these programming efforts.

Nine months were spent in investigation and project development; the search for funds and location took two more years. Finally, through the coordinated efforts of the home economics consultant and special education administrators, the M.I.C.E. center opened in North Community High School, a new school building which was designed with day care facilities in its home economics department.

The Deputy Superintendent of Schools provided start-up money for "a small beginning." This helped purchase basic equipment from diapers to cribs, and educational play materials from toys to an indoor climbing slide.

Most of the funding for staff salaries and transportation was provided through the budget of the Special Education Department and state reimbursement funds. (The student mothers and their children are given transportation to and from school each day.) The Minneapolis Department of Health supplied the part-time services of a public health nurse. The center itself was approved and supervised by the State Department of Welfare, the state licensing agency for day care.

Food costs were not a budget item. The low-income status of the students made the program eligible for participation in the Special Food Service Program for Children funded by the U.S. Department of Agriculture.

The child care center operates on the premise that warm, intelligent, individualized care will provide an environment conducive to the children's growth and development. Taking into account the usual absences due to illness and changes in enrollment, the center has maintained a staff/child ratio of one-to-four. Pre-service and in-service staff training are an integral part of the project.

During its pilot/demonstration period, the program enrolled 15 North Community High School students and their babies, ranging in age from six weeks to two-and-a-half years. While the mothers attended regular classes, their children were under the direct care of three child development technicians and the supervision of the

center director, a certified home economics teacher with a background in nursery and day care programs.

The center director also teaches an accredited child care/family living class which is required for all program participants. In addition to formal instruction, the course includes supervised work experience in the child care center. One class period a week is devoted to an unstructured group meeting with the school social worker (assigned to the program part-time) and the public health nurse. During this period, discussion centers on topics and problems of special concern to the girls; it is also a time for socializing and planning recreational activities. □

Nutrition Course Stresses Economy

The Teen Mother Program of the Santa Ana (California) Unified School District has developed an accredited nutrition course that teaches teen mothers how to prepare simple, inexpensive, nutritious baby food.

As part of their instruction in parenting skills, young mothers often help feed infants and toddlers in the Infant-Child Development Center, a component of the Teen Mother program. Before the nutrition course was offered, many young mothers were using commercially prepared baby foods and formulas.

Harriet M. Dohrmann, co-director of the program explains, "I felt we should teach more about comparative costs and the nutritional value of food--how it is affected by additives and chemicals. I also wanted students to understand that feeding means more than providing nutrients--that it gives them an opportunity for the cuddling and close physical contact with their infants that is so important in child development."

As a result, Ms. Dohrmann designed a study outline for a course in nutrition which was approved by the Board of Education. The students are instructed in breastfeeding, bottle feeding, and weaning; food purchasing, preparation, and storage; nutrition and daily food requirements for children from birth to age five; and feeding techniques, including ways of coping with special situations such as feeding sick or handicapped children.

In the laboratory part of the class, the young mothers prepare daily menus for the infants and toddlers at the center and then plan, shop for, and prepare the meals. By using the center's freezing and storage facilities, they are able to prepare foods in advance and keep a supply on hand.

Fresh vegetables are peeled, boiled, or baked and then mashed or blended to the proper consistency for each child's age. Individual portions are frozen in ice cube trays and stored in plastic bags in the freezer compartment until needed.

"The teen mothers found that preparing baby food was approximately fifty percent cheaper than buying it," Ms. Dohrmann notes, "and that the work involved was far less than they thought it would be." They learned that commercially premixed or liquid concentrate formulas are far more expensive than the powdered form which is mixed with sterile water. In addition, the young women felt the food they prepared was just as good, if not better, than the commerical products. □

The Special Needs of School-Age Parents and Their Infants

The National Conference on Improving Care for Infants of School-Age Parents, held in Washington, D.C., April 3-6, 1974, was sponsored by the Consortium to provide an opportunity for those working with adolescent parents to share ideas and discuss issues concerning parenting practices as they affect infant growth and development. Jerome Taylor, Ph.D., director of Project Right Start at the University of Pittsburgh, addressed the general session on "The Special Needs of School-Age Parents and Their Infants." Project Right Start works with parents and children within the Pittsburgh inner-city area. Sixty percent of the families served are under age 20, and approximately twenty-five percent are between the ages of 14 and 18. The program's mandate includes working with children from conception until age three.

In his address to the conference, Dr. Jerome Taylor described a new concept which relates programming to parental value expectations. The concept, initiated by the University of Pittsburgh's Project Right Start, is designed to enhance the childrearing ability of young parents by emphasizing the development and support of their "sense of effectance" in the parenting role.

Dr. Taylor defined this "sense of effectance" as "a sense of excitement, a sense of committedness, a sense of involvement that can make a difference not only in the young mother's or young father's life as a parent, but also in the life of the child." He stressed that it is an important parental need and advised administrators of programs for school-age parents to help their students increase this sense of parental "effectance."

In a step-by-step outline, Dr. Taylor illustrated the five-stage process used by Project Right Start. First there is an exploration of the "value expectations" a young parent expresses for his or her child.

In an attempt to clarify the structure of parental value expectations, Project Right Start has evolved a simple but, according to Dr. Taylor, highly effective approach. Parents in the project are asked questions in the following areas: "How do you want your child to think or feel about himself?" "How do you want your child to think or feel about school?" "How do you want your child to think or feel about you?" "How do you want your child to think or feel about his friends?"

Responses to each of the four general questions are then classified in terms of 17 specific categories such as "self-reliance," "love and respect

for parents," "sense of accomplishment," and so forth. If there is more than one response in an area, the parent is asked to list them in order of importance. The compiled answers to these questions enable researchers to get a sense of the young mother's or father's expectations for the child.

The next step in the process is "priming," which is defined as arousing the parent's interest in doing something specific toward fulfilling these expectations. It is seen as helping the mother develop her child care practices around the values she espouses.

If a parent says she would like her child to be able to trust others, there are ways this value can be integrated into the interaction between mother and infant. For example, if the mother holds, cuddles, and soothes the baby when it cries during the first four to six weeks of life, she will find she can quiet the child during later weeks by simply approaching and talking to him.

This means, Dr. Taylor observed, that the child is signaling "'there is something different out there; there is something I've come to know out there; there is something I'm starting to lean on out there.'" This is the beginning of the child's sense of trust.

The third step in this process involves "modeling," or helping parents develop behavior consistent with their stated values. For example, if the parents want their child to learn to pay attention, alertness to the environment can be enhanced by burping the infant on the shoulder rather than the lap. A program demonstrator runs through the sequence of behavioral patterns while labeling each stage in the sequence: "'Notice how I put the child to the shoulder; notice how I'm supporting the head, etc.'"

As the demonstrator illustrates the sequence and structures it with summary labels, he or she allows time for the second part of the modeling procedure: "covert practice." This involves pausing in the demonstration to allow for silent review by the watching parent. The mother or father is then asked to practice the same procedure with assistance from the demonstrator.

The fourth phase of the process is called "shaping," a procedure that allows the demonstrator to backtrack and concentrate on any phase of a given behavior sequence that is weak or that the parent has missed. "We use specific correctional procedures to deal with the weakest link in the chain of behaviors that seem instrumental to what the mother says she wants," Dr. Taylor explained.

"Amplification" is the fifth and final phase of the process. This involves using another, different task or procedure to amplify or extend the mother's motivation and interest in the task at hand. In his example, Dr. Taylor described how a mother's desire to read to her child was spurred by a demonstration of the child's ability to learn a complex differentiation between fluorescent and tungsten light. The mother, impressed with the mental prowess of her child, became actively interested in providing him with stimulating reading sessions.

There are various factors that can moderate the success of this process, Dr. Taylor cautioned. "There is no magic in terms of any theory or approach, and we have to be quite reality-oriented in terms of our awareness of what works and what doesn't work."

One reality that professionals should consider in working with adolescents is the "cadence of crises" in their lives. Professionals should ask themselves if the young parent is in a crisis, just out of one, or about to enter one.

Some crises can be resolved by arranging for appropriate services such as medical aid or welfare services. However, Dr. Taylor pointed out, "we miss, in many instances, a very

important opportunity to help parents grow beyond where they were prior to the crisis by attending exclusively to the question of environmental arrangement." Unless the psychological meaning of the crisis is understood and dealt with, the same pressure will produce a similar crisis if it is encountered again. It is imperative to identify and deal with the deep psychological meaning of the stress that produced the crisis, he emphasized.

In conclusion, Dr. Taylor mentioned some preliminary and as yet unpublished data which reveal that parental success in attaining program goals may be dependent on a single, crucial variable. While chronological age, or economic status, or education might be assumed to be the significant variable, the data indicate that relationships and the structure of relationships are far more important.

A 15-year-old mother who has a supportive relationship with the father or grandmother of the child, an aunt, a peer, or a counselor has a greater chance of success in the program. The identity of the supportive figure doesn't seem to matter; the fact that support is given is the crucial factor, Dr. Taylor stressed. □

We're Sad, But...

This is the next to last issue of Sharing.

It's not because we feel we are unneeded or because our readers don't care about the issues involved in serving school-age parents and their infants.

Unfortunately, it's the hard economic facts of life that have forced this decision.

The Consortium is in the last year of funding by the Maternal and Child Health Service of the U.S. Department of Health, Education, and Welfare, and other grant support has not been forthcoming.

Consortium publications listed on the order form (see insert) will continue to be available at cost from the Child Welfare League.

State Conferences Promote Local Follow-Through

Establishing and improving comprehensive services for school-age parents has been the goal of a series of 24 statewide conferences sponsored by the Consortium over the last several years. Most recently, conferences have been held in Kentucky, Tennessee, Utah, New Mexico, and Colorado.

These conferences have been supported at both the state and local levels by various public and private agencies and organizations such as state departments of health, education, and social services, the YWCA, Planned Parenthood, the PTA, Child and Family Services, universities and colleges, and church groups.

A specific goal of these conferences is to promote action plans for the delivery of services. Through their multidisciplinary approach, the conferences bring together professionals and leaders in their fields—many of whom may be working on different facets of the same problem—and provide them with an information sharing opportunity. Each conference is structured to include regional meetings where participants are asked to develop specific recommendations and plans for follow-through.

The following summaries give details on recent efforts at the state and local levels to bring about better understanding of and better services for school-age parents and their children.

ALABAMA

The conference follow-through group in Alabama is currently conducting a series of special surveys to gather information on the types of services needed by school-age parents.

The Consortium staff worked with members of the follow-thraugh group to develop the surveys which have been sent to regional directors of the state departments of Health and Pensions and Security and to all junior and senior high school principals.

Only the Health Department survey has been completed. Preliminary findings reveal that most of Alabama's 63 counties do not have age-specific health care for pregnant adolescents. Although most respondents indicated that such care is a desirable health delivery goal, they reported that it is not now available because of a lack of staff and funds.

When all the questionnaires are completed and compiled, the resulting information will form the basis far follow-through plans in Alabama.

ARIZONA

The Arizona Council on School-Age Parenting was formed as a result of the statewide conference held March 1973 at Arizona State University in Tempe. Justin F. Marino, of the state Department of Education, Phoenix, serves as Council chairman. Subcommittees on social services, health services, professional associations, youth coordination, and cultural affairs were formed to provide leadership and liaison with community groups interested in developing programs and services.

In order to assess policies and programs for school-age parents, the Council prepared a questionnaire which it sent to all Arizona school districts.

In a recent report, the Council notes that its membership is growing across the state. Proposals for model programs for school-age parents are being developed for presentation to interested individuals, schools, and community and professional organizations. Regional meetings are now being held throughout the state in preparation for another statewide conference to be held in the spring of 1975.

COLORADO

At the Colorado conference held in October 1974 in Denver, the state was geographically divided into 10 follow-through regions. The action plan formulated by conference participants calls for the organization of coalitions of professionals and other concerned citizens at the local level.

Additional follow-through recommendations include:

- organizing to effect legislative action, including lobbying in favor of the proposed Colorado Comprehensive Survival Education Act;
- implementing comprehensive sex education programs by writing to school superintendents, "packing" school board meetings when sex education matters are on the agenda, working on committees developing sex education curricula, and petitioning school boards to include sex education in the schools;
- working for support from local and state agencies such as Planned Parenthood, mental and public health departments, and social service agencies, to provide services for school-age parents.

A series of regional conferences are scheduled to take place in the spring of 1975 to implement specific action plans.

KENTUCKY

The Kentucky State Conference on the Special Needs of School-Age Parents, held May 1974 in Lexington, pointed up the need for comprehensive services throughout the commonwealth. While there are a few programs providing such services in major cities, there is a general lack of services in rural areas.

Participants made the following recommendations for future action at the regional level:

- Establish cooperation among state agencies.
- Mobilize a statewide task force with a multidisciplinary advisory component and a community-based technical component.
- Develop an action plan for regulation/policy reform and/or legislative reform.
- Develop a management system with community-based delivery subsystems.
- Devise a comprehensive feed back strategy.

An outgrowth of these recommendations was the formation of the Consortium on Teenage Parents which is now working as the statewide coordinating body. It has been holding a series of regional meetings to raise community awareness of the needs of school-age parents. Participants in these meetings are child care specialists and individuals working in the public school system and in public and private health and social service organizations and agencies. These groups have been making assessments of the specific needs of school-age parents and available services in their areas.

An Advisory Resource Council working as a subcommittee of the Kentucky Consortium has been holding regular meetings to outline strategy for program planning. This includes:

- mapping avenues of referral to the program;
- discussing ways of effecting and coordinating program components;
- establishing program objectives.

NEW JERSEY

The Union County Task Force on School-Age Parents sponsored a December workshop in Westfield attended by approximately 50 persons, including school social workers, school nurses, and school counselors. Chairperson for the meeting was Peggy Morrissey, ACSW, caseworker, Family and Children's Society, Elizabeth, N.J. Speakers were Ruth Granstrom, regional school social worker, regional office of the Union County Superintendent of Schools, who reviewed relevant statistics; and Josephine H. Thorpe, staff attorney for the Education Law Center, Newark, who gave an analysis of New Jersey law as it pertains to school-age parents. Harriet Bloomfield, school social worker, Elizabeth, brought together a panel of teenage parents who spoke of their personal concerns and needs.

The workshop revealed, according to the chairperson, that many professionals lack information concerning the law as it relates to school-age parents, and general information concerning the needs and problems of young mothers and fathers.

The Jersey City Task Force, in conjunction with the Jersey City Board of Education, has developed a pilot program combining continuing education and medical services for young women over 16. Staff will include three teachers, a social worker, and a health team.

The Passaic County Committee for School-Age Parents is assisting with plans to start a special class for young women in the Passaic area.

NEW MEXICO

Approximately 400 persons attended the New Mexico Conference on Teenage Parents held in Albuquerque in November. As a result, a follow-through task force has been set up in each of the state's seven regions.

Members of the Eastern and Southeastern groups have outlined the following areas for future efforts:

- Increase community awareness about the extent of the problem.
- Encourage community support for teenage parents.
- Increase teen awareness of available resources, including counseling and referral.
- Promote agency awareness and interaction.
- Encourage involvement of young fathers in counseling.

Some specific local needs have also been identified:

- None of the Eastern or Southeastern counties offer alternative education programs.
- There are no public prenatal clinics in Otero and Lincoln counties.
- Family living courses should be offered through schools or by church groups in all counties.

Task force leaders in the various counties of the Eastern and Southeastern regions have been assigned responsibility for contacting key people in agencies and organizations such as the departments of health, education, and social services, Planned Parenthood, Parent-Teacher Associations, etc.

Local committees will then be formed to study school policies concerning teenage parents; gather statistics on pregnancy, abortion, teen marriage, and VD rates; survey community resources; and formulate a specific action plan to establish services for young parents.

The Middle Rio Grande regional group plans to contact members of the Laguna-Acoma Indian pueblo about initiating a program of services for adolescents. Such a program must have the approval of the Tribal Council. It was decided to hold a workshop for teenagers in a reservation facility or school.

The Northcentral regional group has chosen to emphasize legislation as the thrust of its action plan. A bill stating that only certified agencies will have permission to place children for adoption will be introduced in the state legislature. The group is also working on a directory of regional services for school-age parents.

The Southwest and Southern Rio Grande groups have decided to publish a brochure dealing with human sexuality. After identifying regional needs and gaps in services to teenagers, these groups plan to develop an interagency communications system to bring about cooperation in establishing services for young parents.

TENNESSEE

The action plan outlined at the Tennessee State Conference held last May in Nashville called for a series of regional follow-through conferences to concentrate at the local level on the special needs of school-age parents.

An Eastern Tennessee Regional Conference at the Student Center of the University of Tennessee in Knoxville attracted 150 persons from a 16-county area. Dr. Stephen King, regional director of the Tennessee Department of Public Health, was the keynote speaker; those attending represented the disciplines of health, education, and social services.

The workshop topics included the schools' role in the delivery of comprehensive services, prevention and sex education, health needs of school-age parents, social service needs of teen parents, and infant day care. A fact sheet compiled for the conference contained relevant statistics and a description of regional services for adolescents.

To encourage future follow-through activities, the eastern counties were divided into five trade center areas. Each of these areas includes a key city where people from surrounding communities come to shop and obtain necessary services. These cities will be used as a basis for organizing service delivery systems.

A model resource directory for school-age parents was prepared by participants from Knox County. It lists available community resources from counseling to health services, describes educational options, and offers ideas for job-training.

As a result of conference follow-through activities, Blount County will employ a second-year graduate student in social work to coordinate services for young parents.

TEXAS

The Task Force on Comprehensive Services for Texas School-Age Parents has been instrumental in focusing attention on the needs and problems of adolescent parenting. Formed as a result of the statewide conference held October 1972 in Dallas, the task force has been building an organization of committed individuals who are working to persuade Texas agencies to increase services to this special population. Margaret Magness, Director, Teenage Parent Council, Austin, serves as chairman of the task force and unofficial state coordinator of services for school-age parents.

In addition, a five-person action subcommittee of the task force has been formed. Besides Ms. Magness it includes the following members: Elizabeth Gentry, M.D., Medical Director, Austin-Travis County Health Department, Austin; Janie Fox Jones, Texas Education Agency, Austin; Bobbie Matthews, Texas Department of Public Welfare, Austin; and Mary E. Panella, Austin-Travis County Health Department, Austin.

A position paper developed by the subcommittee is now under consideration by the Texas Education Agency. It requests that TEA exert its leadership to encourage and assist school districts in developing comprehensive service programs for school-age parents through coordination with other agencies.

This paper has been presented to TEA's Priorities Advisory Committee and the Special Education Advisory Committee of the State Board of Education. In addition, it was reviewed at a meeting of the directors of TEA's 20 regional service centers. Should TEA commit itself to the comprehensive service approach, these centers would coordinate community resources for school-age parents.

A one-page questionnaire developed by the task force and the Consortium has been sent to all of the 199 school districts in Texas. It includes questions on school policy related to pregnancy, types of programming and services offered, length of time students may remain in available programs, and whether there is community-sponsored coordination of services.

As a result of a recent task force meeting in Austin, it was decided to organize regional follow-through committees to promote the development of comprehensive services at the local level. The representative from the Texas Department of Public Welfare agreed to get a commitment from the department to appropriate money for hiring coordinators of services for school-age parents.

A booklet produced by the Teenage Parent Council is now available to interested persons in the Austin area. It contains information on prenatal and postpartum health care, birth control, baby care, legal matters, job training, and education. It also contains a list of community agencies and organizations offering services to adolescent parents. □

program notes

NEW MEXICO, ALBUQUERQUE

Since January of 1970, New Futures School (N.F.S.) has been offering educational, health, social-psychological, and infant care services to pregnant school-age girls and young mothers, as well as their husbands or boyfriends, and members of their extended families.

The program's purpose is to provide young women with the practical information and experience they need to cope with their environment and to help them gain the necessary self-confidence, personal understanding, and sense of involvement to use their knowledge effectively.

A cooperative effort of the Albuquerque Public Schools and the local Y.W.C.A., New Futures is located in a public high school building. The program also receives funding, services, and support from over a dozen local, state, and national agencies, organizations, and concerned individuals.

Each year, every Albuquerque high school, a number of junior high schools, and several out-of-town schools are represented in the N.F.S. student body. Young women may enter the program at any time during pregnancy as long as they are between the ages of 13 and 19, have not yet completed the requirements for graduation, and have a doctor's certification of pregnancy.

Most students enroll at the beginning of a grading period and remain in the program for approximately five months. The program annually serves between 160 and 170 young women. It is understood that a student may not re-enroll in classes at New Futures if she attended the program during her first pregnancy; she does, however, remain eligible for health and counseling services.

While attending N.F.S. classes, students remain on the rolls of their regular high schools; those who complete graduation requirements may receive their diplomas at their home schools or at the New Futures graduation ceremony held each May.

The school day is divided into six periods, and classes meet five days a week. Most students carry a regular class load of five subjects, although schedules are adjusted to meet individual needs and interests. The curriculum includes English/reading skills, communications, math, applied science, history/social studies, arts and crafts, typing, shorthand, bookkeeping, family homemaking, food preparation, child development, and family living. In addition, the school offers an adaptive physical education class designed to meet the special needs of students during both the prenatal and postpartum periods. Students participate in planning the curriculum and evaluating its effectiveness; classes are small, and teaching techniques are success-oriented and individually paced.

Family living is the only class required for all New Futures students. Taught by a nutritionist and the program's health director (a registered nurse), the first half of the one semester course covers physiology, prenatal and postpartum care, personal growth and understanding, family relationships, human sexuality, and birth control. During the second half, emphasis is on child care and development and parenting skills. Guest speakers, field trips to a local hospital

and a Planned Parenthood office, and a variety of audiovisual aids are used to supplement class instruction and discussion.

Child development, an elective course, offers each student an opportunity for supervised experience with children in the N.F.S. nursery. Class instruction stresses the emotional as well as the physical needs of infants. To complete the course successfully, the young mothers must master a wide range of child care techniques and practices: bathing, changing, preparing formula, washing clothes, feeding, making safe toys, and maintaining nursery hygiene.

The nursery is equipped to care for eight infants; it is directed by a part-time child care specialist and staffed by a full-time paraprofessional nursery aide. Only the infants' mothers and the students assigned as caregivers may visit the facility. In addition, the program's health director checks each child each day.

Instruction about proper exercise and nutrition is an important aspect of the N.F.S. health care component. Each student's diet history is taken upon enrollment and, when necessary, she is given counseling to help improve or alter her eating habits. The school also offers free hot lunches and daily snacks planned by the nutritionist to meet the special needs of pregnant teenagers without contributing to weight control problems.

The program's health director takes a complete health history of each participant. In addition, she maintains records of the students' doctors' appointments and follows through to insure that appointments are kept and that medical recommendations are understood and followed. Approximately half the young women use the medical facilities of the Maternity and Infant Care Project and attend an M & I clinic held weekly in the New Futures School building.

N.F.S. stresses the development of positive attitudes toward family planning. The program's experience has shown that teaching birth control techniques cannot be effective with pregnant adolescents without concurrent efforts to improve the young woman's self-image, her understanding of her child's needs and demands, and her awareness of and responsiveness to the world around her.

To contribute to this process, counseling services are available daily. In addition to regularly scheduled individual appointments, students may visit their counselors at any time on an "as-needed" basis. Program participants are also involved in group counseling once a week. A special counseling group has been organized for young women who are considering releasing their baby for adoption.

All N.F.S. services—particularly counseling services—are offered to members of the young women's extended families. A male counselor provides outreach social services for young fathers. A Mothers' Group meets weekly and includes aunts, sisters, grandmothers, and neighbors as well as the young parents' mothers. Evening groups and special activities are held to involve husbands, boyfriends, or the entire family in health instruction and/or counseling sessions.

Follow-up services are an integral part of the New Futures School. Counseling and health services are offered to all former students and formal and informal contacts are maintained with each program participant. Areas of particular concern are: number of repeat pregnancies, school grades, high school graduation or drop out, physical health of the mother, physical health of the child, problems in family or marital adjustment, problems in adjusting to the mothering role or to releasing the baby for adoption, emotional state, and post-graduate education or training.

COLORADO, LAKEWOOD

Jefferson County, one of Colorado's largest school districts, opened the Teen Mother School in September, 1969. Located in the Jefferson County Cottage School, the program shares a campus with the district's adult education facilities. Primarily funded through the school system's special education division, the program also receives services and support from the county departments of public health and social services.

Any junior or senior high school student enrolled in a Jefferson County public school is eligible to attend, and enrollments average between 30 and 40 young women at any one time. Students are encouraged to enroll as early in pregnancy as possible and to remain in the program postpartum for one semester.

The program's education component emphasizes individualized instruction and independent study under the supervision of two full-time teachers. A complete academic curriculum is offered; courses not available at the Teen Mother School itself may be taken without charge at the adjacent adult education program. In addition, vocational training and counseling are given at the Warren Occupational Technical Center, a part of the county school system. Transportation to and from the center is provided by the program.

A special accredited course on child care and parenting is taught by the staff nurse, teacher, and social worker and is required for all students. The program encourages the young women's parents, husbands, or boyfriends to attend as well.

All students are required to be under continuous medical supervision either through private physicians or public health clinics, and the school nurse follows up on each student's medical progress. She also gives health instruction concerning sex and sexuality, birth control, labor and delivery, prenatal care, and nutrition and provides individual consultation on an "as-needed" basis.

The Teen Mother School has the services of a full-time social worker employed by the school district. In addition, 13 volunteer counselors from the public schools and the University of Denver Graduate School of Social Work contribute time to the program.

Following the initial in-take interview, the social worker makes home visits and gives individual counseling whenever needed. Counseling groups meet every Friday morning and Thursday evening. The morning sessions are solely for the young women in the program, while the evening groups include parents, husbands or boyfriends. An estimated 16 to 20 young men regularly participate in these evening sessions, as well as in other program activities such as hospital tours, open houses, and potluck dinners.

One of the program's innovations is a Public Speaking Panel composed of young mothers and fathers. The panel addresses interested groups and organizations describing services of the Teen Mother School; giving information on birth control, prenatal care, and sex education; and relating their experiences with pregnancy, parenting, and marriage.

Early in 1975, the Teen Mother School will open an infant care center funded under Title III of the Elementary and Secondary Education Act. Equipped to care for ten infants, the center will be staffed by a practical nurse and a nursery aide, with additional care provided by volunteers from the University of Denver Graduate School of Social Work and graduate students in pediatric psychology at the University of Colorado.

TENNESSEE, MEMPHIS

Approximately 320 pregnant young women are now receiving education, health, and social services through a comprehensive program of the Memphis Board of Education Special Education Division. The program is housed in two schools—Pine Hill School, serving grades nine through twelve, and Lester School, serving all ages.

Any student from Memphis or Shelby County may enter the program, although local board of education policy also permits pregnant students to remain in their regular schools. The two schools operate full-time—including a summer session—and each has a staff of seven to nine teachers, a principal, a guidance counselor, a social worker, a librarian, and a library aide.

Both schools provide complete curricula in business education and home economics. In addition, all regularly required junior and senior high school subjects are offered with the exception of languages and laboratory sciences. Noncredit art and music courses, glee club, and chorus are taught by visiting instructors.

All students are required to take either an elective home economics course or special mini-courses which cover nutrition, child development, and consumer education. At a series of open houses planned by the young women for their families and the community, home economics students display class projects.

Medical care and supervision are provided through an on-site clinic, which is one of the health department's citywide group of Neighborhood Clinics. Accredited health instruction related to prenatal and postpartum care, contraception, and child care is given by student nurses from a local hospital and two health department nurse practitioners who work at the schools four days a week. The nurse practitioners also perform routine examinations and give general prenatal care.

The first contact new students have with the program is through the schools' social workers. After a referral is made, the social workers make home visits to determine the needs of the student and her family and to make referrals for financial, legal, or other necessary assistance. Counseling regarding the young woman's alternatives—adoption, abortion, or keeping the child—is provided by the social workers in cooperation with health department nurses.

Additional personal counseling is given by the schools' guidance staff, who hold regular small group and individual sessions. They also provide job counseling with assistance from vocational counselors with the Special Education Division.

For child care, social workers refer the young women to community agencies. Family day care homes are available, and United Fund group infant day care centers in Memphis will take children over six weeks of age.

Partially because of this age requirement for day care, the young women remain in the program until their six weeks postpartum checkup. At that time, they may return to their regular schools or choose to attend a different secondary school. Guidance counselors in the home schools are chiefly responsible for follow-up.

Other program services include transportation, and free breakfasts and lunches. A full-time homebound teacher is available for students who are ill or those who have problems adjusting to a group setting.

Currently, about a quarter of the babies' fathers participate in the program—particularly the social service aspects. The program's social workers are currently planning more structured services and activities for the young men. □

audiovisuals

by Susan Swope, Information Specialist

Audiovisual materials are an important resource for programs serving school-age parents. Such materials can offer new perspectives on familiar topics and reduce awkwardness when introducing sensitive subjects. They can provide supplemental instruction and highlight important aspects of the regular course content. They can be used to promote discussion, counter myths, and correct misinformation. For these and other reasons, many of those concerned with delivery of services to pregnant adolescents, young parents, and their children use audiovisual aids to:

- Teach pregnant adolescents about prenatal and postpartum care
- Aid young mothers in decision-making concerning such critical questions as whether to have an abortion or carry the pregnancy to term, whether to keep or release the child, whether to marry or remain single, whether to continue in school or get a job
- Assist school-age parents in understanding child development
- Sensitize teachers, social workers, doctors, nurses, and others to the special needs and problems of young parents
- Educate young people about venereal disease, sex and sexuality, and contraception
- Help parents understand and accept the developing sexuality of their children
- Inform parents about the content of family life/sex education courses

THE "DO-IT-YOURSELF" APPROACH

Many programs interested in using audiovisual materials have indicated that they need more information about where to find them, their quality, their cost, and how to go about renting, purchasing, or otherwise acquiring them.

There are several alternatives, including the "do-it-yourself" approach (see box, p. 19). Among the advantages of this method: the product can be tailored to the needs of individual programs; it can be produced as expensively or economically as the budget permits; it will have easily recognizable landmarks and points of reference; and it can be produced in accordance with community standards. In addition, the flexibility of this approach permits updating or revision whenever the need arises.

Possible disadvantages of the "do-it-yourself" method include a greater likelihood of censorship and limited local technical ability (e.g., script writing, acting, directing, and professional use of camera and sound equipment). It is also possible that the actors will fear being recognized by local audiences.

PURCHASING AUDIOVISUALS

Another way of acquiring audiovisuals is to purchase them. Commercial distributors offer educational materials ranging from art, math, and music to social studies, career education, and guidance. Many distributors, such as

I'm Not Bad—Just Pregnant

A slide/tape presentation, "I'm Not Bad, Just Pregnant," was produced as an English class project at the New Futures School, Albuquerque, New Mexico. (For program details, see p. 14.) The young women in the program felt a need to made a statement regarding their pregnancy, its causes and its effects on their lives. The program staff saw the idea as an opportunity to help students clarify their thinking and define their options, as well as a way to involve the young women's parents, husbands, or boyfriends in the decision-making process.

The first section of the presentation describes why and how pregnancy occurs; the reasons vary from rape to defiance to a search for love. In the second section, the young women are shown facing the reality of the pregnancy: getting a doctor's confirmation and telling their families or boyfriends. The reactions range from rejection—"How do I know its mine?", and "....she can just pack up and get out!"—to acceptance of responsibility on the part of the young man and love and support from parents: "...we still love her, and we'll do all we can for her."

The decisions facing pregnant school-age girls are the focus of the last section. The young women must decide how they can continue their education; whether to keep the baby, place it for adoption, or have an abortion; whether to marry or remain single.

The presentation demonstrates that there are no simple reasons or easy solutions for school-age pregnancy—that each situation is unique and must be coped with individually. The young women are clearly asking for understanding, not pity, as they summarize in the closing line, "We are the same people you knew before. Pregnancy hasn't changed us into dirtier people. We're not bad, just pregnant."

The original taping for the presentation was done in one of the program's classrooms. In some segments a script was used, and in others the girls, their mothers, and their boyfriends talked spontaneously about their feelings and experiences. The various segments were then edited, spliced, and retaped onto a master tape which was taken to a professional studio and re-recorded to improve sound quality. All photography and taping was done by New Futures staff members, and everyone who was photographed signed an official release form. In 1973, the production was revised and updated by the New Futures' English classes.

The presentation is currently used in the program's family living course and has been shown to an average of 18 junior and senior high school classes each month, reaching over 2,000 students annually. It has also been used by church youth groups, women's clubs, and other organizations. The presentation is always introduced by a New Futures staff member and followed by discussion.

Reception has been good at all age levels. The presentation has been effective in developing understanding for the pregnant teenager, in stressing the need for preventing school-age pregnancy, and in acquainting prospective students with the services available at the New Futures School.

Although the production is homemade, its sincerity more than compensates for its lack of technical sophistication. The people and the situations are real, and this reality has meaning and value for the viewer.

Churchill Films, Sterling Educational Films, Perennial Education, Guidance Associates, and Coronet Films (see references, p. 26), have materials useful for pregnant or parenting adolescents as well as for the general school-age population.

Some of the best and most specialized materials are produced by research projects such as the Carolina Population Center, High Scope Educational Research Foundation, Indiana University, and the Adolescent Clinic of the University of Cincinnati Medical Center. Other producers in this category include service delivery and information sharing organizations such as the Children's Home Society of California, the National Foundation/March of Dimes, New York City's Board of Education, SIECUS, and Planned Parenthood/World Population (both the national and local chapters across the country).

Because they are made professionally, films from commercial or nonprofit distributors are usually of better technical quality than those produced by local groups, and the companies often supply excellent study guides for students and teachers to use in conjunction with the audiovisual material. The distributor can also repair or replace damaged prints by using its master copy to reproduce footage. In addition, ownership of a print lends flexibility in scheduling its use. However, the initial cost and the consequent reluctance to dispose of a film that has become outdated may be a drawback for some purchasers.

PRICING FILMS AND FILMSTRIPS

The price range of sixteen millimeter films runs from $100 to $400; a few films are priced below that, and some cost as much as $900 to $1,000. Filmstrips are considerably less expensive, ranging from $17 to $60. Many filmstrips are of excellent quality and may even be superior to some 16 millimeter films.

Guidance Associates, a subsidiary of Harcourt, Brace, Jovanovich, Inc., has many filmstrips appropriate for teacher training and use with pregnant and nonpregnant students. The company offers package deals, which include free or discounted projectors and study carrels, depending on the total dollar amount of multiple orders. It also charges less for productions with long-playing records than for those with cassettes. (Some companies make no price differentiation.)

Larger distributors such as Churchill Films offer time payment plans on multiple orders in excess of $1,000. The films may be paid for in three or four installments, and ownership of each print is transferred as payments reach the purchase price. Churchill Films will also design other plans to meet individual needs.

RENTING PRINTS

National organizations and commercial distributors often rent prints for short term loans--one to three days or a week. The rental fee is usually about ten percent of the purchase price. Programs with membership in a national organization may be eligible for free or reduced-rate rentals.

The obvious drawback to renting is that the film is available only for a day or two and must be reordered for each subsequent showing. In the long run, rental fees may add up to more than the purchase price. Furthermore, film rentals should be arranged at least three weeks before the scheduled showing date, sooner if possible, or the material may not be available. Films are usually mailed library rate because their weight makes first class or air mail postage too expensive. Allowance should be made for mailing time from the previous user to the distributor and from the distributor to the next booking.

Another drawback is that distributors--public or private, commercial or nonprofit--do not usually allow free preview of rental films. If a film is found unsuitable for the intended audience, the fee must still be paid.

An advantage of rental is that it saves the expense of purchasing materials that would be used infrequently. It can also offer greater variety in that various films can be selected on the same subject, and newer, better films can be used as they are produced. Another advantage is that the distributor will often apply the full rental fee toward the purchase price if a film is bought within 30 days of screening.

OTHER SOURCES

If neither purchasing nor renting is economically feasible, there are other ways to acquire the use of audiovisual aids. One free source is the local public library system. Many cities have established audiovisual departments which loan films and projectors. One Washington, D.C. area system, for example, charges no fees for films and only two dollars for use of 16mm projectors. University libraries are another possible source. Both public and university libraries may be open to suggestions for future acquisitions.

Local government agencies such as health and social service departments sometimes maintain limited collections of audiovisual materials which they will loan to organizations in their jurisdictions. Additional free materials can be obtained from companies that market feminine hygiene and baby care products—Scott Paper Company and Proctor and Gamble, for example. (These materials contain plugs for the manufacturer's products.)

In order to become more familiar with the range and style of audiovisual aids currently available, Consortium staff members previewed more than 60 films in the fields of adolescent sexuality, pregnancy, and parenting. The following is a selection of some of the best of these materials. The audience level is indicated by these abbreviations: e - elementary (grades 1-6), jh - junior high school (grades 7-9), sh - senior high school (grades 10-12), h - high school (grades 7-12), c - college, a - adult, p - professional.

PREVIEWED SELECTIONS

ABOUT SEX

23 min., color, sound, 16mm; Super8mm and video cassette, live, 1971.
Produced and distributed by Texture Films, Inc. Purchase: $280. Rental: $35.
Audience: h - a - p.

Content:
"About Sex" first presents a free and vigorous discussion among teenagers, guided by an experienced leader who answers questions and dispels misconceptions about sex and sexuality clearly, frankly, and sensitively. As a prelude to class discussion, the second part of the film provides simple and direct information on sexual fantasies, body growth, masturbation, pregnancy, conception, and sex roles.

Comment:
One of the best sex education films around. The rapport established between the teenagers and the group leader is excellent. He treats the subject respectfully and, perhaps more important, he is comfortable with it. "About Sex" should not be used without a group leader. It should be

considered an introduction to discussion, and an aid in reproducing the film's open, honest, and relaxed atmosphere. There are a few brief scenes which some might consider objectionable. However, the film is, throughout, in good taste, and would be a valuable viewing experience for high school through professional audiences. Preview is recommended.

BETTER BY CHOICE

15 min., color, sound, 16mm, 60 2" x 2" color slides, 1972. Produced by the Adolescent Clinic, University of Cincinnati. Distributed by University Media Services Center. Slides/guide: purchase $30/rental, $10; film/guide: purchase, $125/rental, $25; slides/film/guide: purchase, $140/rental, $35. Audience: jh-a.

Content:

A visual aid for teaching human sexuality and contraception, "Better By Choice" shows that unplanned pregnancies may be avoided by encouraging young people to consider and discuss human sexuality and the reproductive system. Explores the developing relationship of a young Black couple as they dance, talk, and enjoy being together.

Comment:

The same basic information is given in the 16mm film and the slide/cassette versions, making this material available to groups with limited funds. "Better By Choice" is particularly suited to groups who want to get across solid contraceptive information, but are leery of some of the more avant-garde films. Footage of an actual hospital delivery is shown briefly at the beginning and end to illustrate the "choice" of the title, but there are no explicit sex scenes. The film stresses the importance of giving a complete medical history and having a physical examination before a doctor prescribes either the pill or an IUD. The point is also made that intercourse is not indispensable in order for a couple to develop a close personal relationship.

BREAKING THE LANGUAGE BARRIER

80 frames, color, 35mm filmstrip, 1969. Created by Deryck Calderwood, Ph.D. Distributed by Teacher Training Aids. Purchase: $17.50.

Content:

Subtitled "Moving from Slang to Scientific Vocabulary," this filmstrip includes an instruction sheet for teachers, but no audio. The filmstrip is designed to be read aloud by the viewers. Fifteen anatomical and 21 behavioral terms are defined. The scientific term is presented first with a simple definition, followed by a diagram (in the case of anatomical terms) indicating the location of the particular part of the sexual anatomy, and then a frame with the academic word and the most widely used slang words.

Comment:

An extremely useful tool for teachers, parents, and high school and college classes. With a good instructor or group leader, it could be an effective means of bridging any communications gaps in understanding sexual jargon and reducing the shock value slang terms hold for both adults and students.

A FAR CRY FROM YESTERDAY

20 min., color, sound, 16mm, 8mm, video cassette. Produced for Planned Parenthood Center of Tucson, Inc. Distributed by Perennial Education, Inc. Purchase: $275. Rental: $28. Audience: sh.

Content:

An unmarried teenage couple accepts an unplanned pregnancy because "they have such a beautiful thing going." Their loving relationship deteriorates quickly, however, as soon as the demands of the new-born baby become a "terrible burden."

Comment:

Strong, explicit film, well put together. The contrast between the pre- and post-baby periods is perhaps extreme. Differences are further heightened by the black and white photography in the post-baby period and the lush color photography of the pre-baby euphoria. Their life together with baby has no happy, pleasurable side. Perhaps that is realistic for some relationships. In any event, it should give teenage viewers incentive to consider whether the "beautiful thing" they have going has more substance than simply sexual attraction. Sexual scenes are explicit, but well directed. Strong language is used in fight scenes.

HOPE IS NOT A METHOD

16 min., color, sound, 16mm, 8mm, video cassette, extensive animation. Produced by Planned Parenthood of Syracuse, Inc. Distributed by Perennial Education, Inc. Purchase: $200. Rental: $20. Audience: h - a - p.

Content:

Covers the basic anatomy and physiology of the male and female reproductive systems, the menstrual cycle, rhythm, foam, condom, diaphragm, pill, IUD, abortion, sterilization.

Comment:

An exceptionally good film, "Hope is Not a Method" presents all the above methods of birth control clearly, simply, and directly. It has an excellent explanation of rhythm, a method many think (erroneously) that they understand. Material on male sexuality is explained by a male voice, female sexuality by a female voice, which, along with the matter-of-fact tone, lessens the likelihood of embarrassment or discomfort for the audience. Highly recommended for teenagers with guidance and for adult audiences.

I'M 17, I'M PREGNANT AND I DON'T KNOW WHAT TO DO

25 min., color, sound, 16mm, 1970. Produced and distributed by the Children's Home Society of California. Purchase: $200. Rental: $12.50. Audience: jh - a.

Content:

Seventeen-year-old Pam faces the problem of being single and pregnant, including the need to choose among the alternatives of marriage, abortion, keeping her child, or adoption. She opts for having and keeping her baby while remaining single and living at home. Resultant conflicts between Pam and her mother over the baby's care precipitate a decision to put the 14-month-old child in a foster home.

Comment:
Most alternatives are explored in Pam's talks with counselors, family, and other pregnant girls. The film is an excellent device for beginning group discussion. An important consideration is the welfare of the baby--first with his natural mother and grandmother, then with foster parents, and then...?

IT COULDN'T HAPPEN TO ME

28 min., color, sound, 16mm, 8mm, video-cassette. Produced by Edward Herald, Ph.D. Distributed by Perennial Education, Inc. Purchase: $300. Rental: $30. Audience: sh - a - p.

Content:
This film presents interviews with a teenager who gave up her child for adoption, with one who had an abortion, and with a dating couple who believe sex is for marriage. It also eavesdrops on a group session of pregnant teenagers. It includes comments by two medical doctors and a psychiatrist. Shows the availability of nonprescription contraceptives in drugstores, as well as the types of contraceptives requiring a doctor's prescription.

Comment:
Although this film was made in Canada with an all white cast, nonwhite audiences should have little difficulty in identifying with the problems and points of view expressed. The film considers a teenager's fear that her or her boyfriend's use of birth control will become general knowledge; it depicts the limited usefulness of fear as a deterrent to intercourse, even when a teenager has experienced the anxieties of a false pregnancy; and it explores the difficulties of open parent-child discussions of sex. Abstinence as a form of birth control before marriage, even in a "heavy" relationship, is discussed as a viable alternative. The film has particular value for parents, helping them understand teenagers' fears and inhibitions and their need for correct information and help in expressing and working out their sex-related problems.

LEARNING ABOUT SEX

15 min., color, sound, filmstrip, 1968. Created by Deryck Calderwood, Ph.D., Family Life & Sex Education Consultant. Distributed by Guidance Associates. Purchase: filmstrip w/12" LP, $22; w/cassette, $24.50. Audience: jh - a (see comment).

Content:
Prepares junior high school students intellectually and psychologically for participation in class discussion.

Comment:
Using a multi-ethnic cast, "Learning About Sex" is intended to reassure viewers who are afraid or embarrassed to ask questions about sex. It deals with the difficulty many adults have in talking about sex, and could be used to good effect with parents who are upset by the prospect of sex education in schools. Although styles are dated, the presentation is good enough to offset possible negative reactions to short hair and early 60's fashions.

RIDDLE OF HEREDITY

30 min., color, sound, 16mm, 1968. Produced by Time-Life Films. Distributed by Contemporary Films/McGraw Hill. Purchase: $285. Rental: $18. Audience: jh-a.

Content:

Traces the development of the science of genetics from Mendel's experiments with plant life to today's knowledge of chromosomes, genes, DNA, RNA. Gives information about current research on freezing genetic materials for future use, preventing birth defects, effects of radiation and the process of mutation, and projects what we might expect in the future.

Comment:

This film covers a lot of ground and is an excellent preparation for sex education. Serves to generate respect for the whole life process.

SEX EDUCATION IN AMERICA (REV.)

41 min., 3-part, color, sound, filmstrip, 1971. Produced and distributed by Guidance Associates. Purchase: w/LP, $49.50; w/cassette, $57. Audience: a-p.

Content:

A revision of "Sex Education, U.S.A.," this sound filmstrip program is designed to build parent and community understanding of sex education through discussion of curricula used successfully in various schools throughout the nation.

Comment:

An excellent case is made for the need for sex education. Cites a large number and variety of national organizations concerned with developing competency among sex education instructors. The fields represented include health professionals, clergy, teachers, and other educators, which could prove reassuring to dubious parents. The story of one community's development of a multi-media, K-12 sex education curriculum—how they earned community acceptance, initiated teacher training, and implemented it in their school system—is a useful guide to what can be accomplished at the local level.

THEN ONE YEAR

19 min., color, sound, 16mm. Distributed by Churchill Films. Purchase: $220. Audience: e - jh.

Content:

Concerns the primary and secondary sex changes in boys and girls as they reach adolescence. Combines the information presented in "Boy to Man" and "Girl to Woman" so that, if desired, information about both sexes can be presented to mixed classes at the same time.

Comment:

Good basic sex information course for mixed or separate classes. Simple. Direct. Recommended.

A THREE LETTER WORD FOR LOVE

27 min., color, sound, 16mm, 1965. Distributed by Texture Films, Inc.
Purchase: $300. Rental: $35. Audience: jh - a - p.

Content:

Frank expression of teenagers' thoughts, feelings, and fantasies about sex. The group includes Blacks and Chicanos and is intended for inner-city audiences. There is a dramatization of one couple's decision to have intercourse and their reactions to her subsequent pregnancy.

Comment:

Especially good for inner-city young people. The discussion guide stresses the need for the group leader to preview the film. The group leader must also be certain to clear up the misconceptions about sexuality and pregnancy that are expressed by teenagers in the film. These bits of misinformation are also pointed out in the discussion guide. Use with discretion at the junior high level.

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Coronet Instructional Films, 65 E. South Water St., Chicago, Ill. 60601
Guidance Associates, 757 Third Ave., N.Y., N.Y. 10017
High Scope Educational Research Foundation, 125 N. Huron St., Ypsilanti, Mich. 48197
Indiana University, Audio-Visual Center, Bloomington, Ind. 47401
The National Foundation/March of Dimes, Public Education Div., P.O. Box 2000, White Plains, N.Y. 10602
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Proctor and Gamble, Professional Services, P.O. Box 171, Cincinnati, Ohio 45201
Scott Paper Company, Home Service Center, Philadelphia, Pa. 19113
SIECUS, 1855 Broadway, N.Y., N.Y. 10023
Sterling Educational Films, Inc., 241 E. 34th St., N.Y., N.Y. 10016
Teacher Training Aids, 27 Harvey Dr., Summit, N.J. 07901
Texture Films, Inc., 1600 Broadway, N.Y., N.Y. 10019
University Media Services Center, University of Cincinnati, 410 Zimmer Hall, Cincinnati, Ohio 45221

Special SHARING Supplement

IMPROVING CARE FOR INFANTS OF SCHOOL-AGE PARENTS

The Consortium on Early Childbearing and Childrearing
Child Welfare League of America, Inc.

The development and publication of this special section
was supported in part through Grant No. CB-101 from the
Office of Child Development,
U.S. Department of Health, Education, and Welfare

It was written by Linda L. Jenstrom, Infant Care Specialist,
and Tannis M. Williams, Ph.D.,
with editorial assistance from
Marion Howard, Lucy Eddinger, and Barbara Jones

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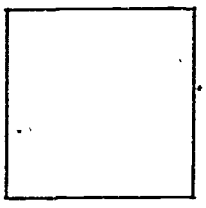

Consortium on Early Childbearing and Childrearing
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introduction

Concern about the quality of care received by infants of adolescent parents is a fairly recent development. In large part this is due to a more general growth of interest in the adolescent as a parent. Over 210,000 girls between the ages of 12 and 18 give birth each year in the United States. The number is increasing by about 3,000 annually, more because of an increasing population in that age group than a rise in the pregnancy rate.

Beginning in the 1960s, it was recognized that pregnancy causes many disruptions in the lives of young people, and in particular, that young mothers are at risk educationally, medically, and socially. Hundreds of intervention programs aimed at reducing the various risks experienced by young parents were started throughout the United States. In addition to meeting the educational, health, and social service needs of school-age parents, these programs helped to prepare young mothers for childbirth and their first nurturing experience. However, such programs focused almost exclusively on the prenatal period. Little was done following the pregnancy to support the mother with her early child care responsibilities. Moreover, with the exception of Maternity and Infant Care Projects funded by the Maternal and Child Health Service of the U.S. Department of Health, Education, and Welfare, almost no attempt was made to provide follow-through services beyond, or even throughout, the first year of the infant's life.

The provision of comprehensive services postpartum was belatedly recognized to be as important as the provision of such services during the prenatal period. Ironically, the failure of some programs to reach their goals contributed to that awareness. It was noted, for example, that one goal--high school completion--could not be achieved because many young mothers were unable to make adequate supplemental care arrangements. The need to overcome this obstacle led to the development and use of various kinds of supplemental infant care that would permit the young mother to attend school or work. As a result, attention became focused not only on the quality of care infants should receive while the young parents were away but also on the quality of care they should receive from the young parents themselves.

Although few studies have been concerned with the later development of infants of adolescent parents, a number of factors known to influence infant growth and development have led to at least a temporary "at risk" labeling of the infants of school-age parents.

First, it is known that the likelihood of bearing a healthy child decreases with the age of the adolescent mother. Handicapping conditions, such as mental retardation, are difficult enough for any parent to accept, but they can place especially severe stress on the understanding and coping ability of a young person.

Second, the infant is more likely to have inconsistent care. Since supplemental care arrangements are necessary if the adolescent parent is to complete school or obtain employment, infants of young parents are usually exposed to a variety of caregivers. Adolescence is currently characterized as a time of shifting moods and ideas. Consequently, very young parents are likely to be ambivalent in the treatment of their children. Excessively inconsistent care can have a negative effect on infants.

Third, because many young parents are not married, many of their infants are unlikely to have the benefit of nurturing from two parents. Even when the young parents are married, more than one out of two such marriages will end in divorce within the first five years. Accordingly, some infants of school-age parents may live in homes where there is unusual conflict and stress or even total disintegration.

Increased awareness of the possible impact of the behavior of adolescent parents on the lives of their infants has led to new programming efforts. Some attempts are being made to promote such outcomes as stability of family life, but in general, most of the services developed have been aimed in two directions: improving the parenting skills of young parents and developing or supporting sound supplemental child care.

The purpose of this special section is to bring together information about programming in the areas of supplemental care and parent training. The material was taken from the accumulated experiences of those working directly with young parents or their infants as shared through participation in conferences and workshops and through the provision of written materials relating to current program efforts. When appropriate, information has been included from general fields such as child development and specialized areas such as infant day care. It is important to note, however, that this supplement is not intended to be a definitive resource for quality infant care. (The appendix contains an annotated bibliography of a number of sources that can be used as guides to quality care.) Rather, the purpose is to relate what is known about the needs of infants of young parents, the potential strengths or deficits of adolescent parenting, and measures that can be taken to support the healthy growth and development of infants and young children being reared by school-age parents.

Programming for Young Parents

In general, adolescence is a time of stress and growth. As young people search for their identity as men and women, they begin to critically examine themselves and their parents as well as society and its institutions. There is increased absorption with self during this period; physical identity and acceptance by peers become increasingly important.

In other cultures and at other times in our own history adolescence was almost entirely ignored or at least foreshortened. Young persons were expected to and did assume adult roles at earlier ages. However, for a variety of reasons the adolescent period is now prolonged.

Young people in our society are afforded a high degree of special legal protection which regulates their activities as both consumers and producers. For example, adolescents cannot enter into legal contracts such as leases; protective labor laws restrict their entry into the job market. Although work is still an essential value in our society and ultimately young people must participate to become self-supporting, the labor market today generally cannot absorb, and does not reward, youth with limited education, training, and experience. Thus, high school, college, and other forms of training and education are replacing work institutions for young people. As a result, the dependent state of youth has been lengthened.

These constraints on the transition from youth to productive adulthood can have especially serious consequences for young people who become parents. At the same time young parents are struggling with their own growth and development, they must take on the demanding responsibilities of caring for and guiding the growth and development of another human being.

Institutions that touch the lives of adolescents are not designed to help young people with these new responsibilities. The result is personal and societal handicapping for young parents who already face a difficult situation.

In order to help young people assume the tasks of their own development as well as those of parenting, it is often necessary to provide support. In some cases this means the direct provision of services, and in others it means the elimination of roadblocks--for example, changes in laws, practices, and policies that negatively affect the young person's ability to take on adult tasks.

YOUNG PARENTS AS INDIVIDUALS

In structuring services for adolescent parents, it is important to keep in mind that they cannot be thought of as a homogeneous group. There are as many individual differences among adolescent parents as among any other portion of the population.

Adolescents may range all along the developmental continuum from childhood to adulthood. Age is only a general guide; various measures of maturity--physical, social, and mental development--are not highly correlated during adolescence. Early maturity in one area does not necessarily extend into others. Moreover,

male/female physical and social development at these ages is relatively uneven, with girls about two years ahead of boys.

This potential for growth and change in adolescence is a major advantage for those who work with young people. Because they are less rigid, it is often possible for teenagers to endure situations or circumstances that adults might find intolerable. For example, a young mother may be able to share a group living situation that an older mother would reject. Young parents are also more likely to have the abundance of energy needed by all parents, and their spontaneity and naturalness provide them with additional advantages.

INTERDISCIPLINARY SERVICES

In structuring services to support the healthy growth and development of young parents and their children, an interdisciplinary approach is necessary. Services should be interrelated and made available in ways that complement and support each other. Such a comprehensive approach requires the involvement and commitment of a number of community agencies that have responsibility for or touch on the lives of adolescents--the schools, the health care system, the courts, and social service agencies. Usually, programs for young parents are structured so that one agency takes responsibility for coordinating services which are made available through or by the others, either on a donated or fee-paid basis.

To reduce the likelihood of unwanted or inappropriate pregnancies, young people should have services such as family life education, counseling, and birth control. However, when teenagers do become parents, these services should be available from conception. Other services needed by young parents include:

- Early, free, confidential pregnancy testing
- Early, consistent prenatal care to insure the healthy growth and development of the fetus and the health of the mother
- Special education regarding nutrition and preparation for labor and delivery
- Postpartum care of the mother with birth control services and appropriate follow-through
- Continuing education during pregnancy and following the birth of the baby
- Counseling to resolve the variety of problems that may either have led to or been caused by the pregnancy
- Pediatric care
- Support for the development and improvement of parenting skills
- Services for the young father

In planning a comprehensive service program, it is important to have well-defined goals and strategies aimed at achieving these goals. In addition, it is helpful to know what agencies and individuals must be involved to insure program success. Since funds for long-term services are often limited, and some of the program's components may be expensive--group infant day care, for example--program planners should be aware that total community involvement may be essential. To develop effective programs, those concerned should:

- Know the law as it relates to young parents
- Know the community, its power structures and resources
- Define the population to be served, including facts and figures describing the problems and predicting the consequences if services are not provided

CONTINUITY OF SERVICES

It is important for programs to recognize the need for continuity in services for young parents. For example, parenting instruction should be provided during both the prenatal and postpartum periods. Experience has shown that young mothers do not readily absorb information about child care during pregnancy. In many instances, the baby is not a reality to them until it is born. Although basic information about child care, particularly newborn care, should be given during the prenatal period, it is more effective to present general information about child growth and development following childbirth. Childrearing information that is of immediate use is more likely to be absorbed and applied than material relating to a hypothetical set of future events. Child development information should be added to and reinforced as the child grows.

To insure continuity of health care, programs can help the young mother make the transition from obstetrical care for herself to pediatric care for her child. For example, she can be introduced to pediatric staff before the birth of her baby. This will reassure her that she is not being forgotten by those who expressed interest and concern about her during pregnancy.

Other critical relationships, such as those with counselors, should not be broken. If at all possible, the people who worked with the young woman during pregnancy should continue to serve her postpartum. Such relationships are not easily replaced, particularly with adolescents who are often distrustful of adults.

There may be a need for a new service delivery framework designed to help young parents in the postpartum period. This is especially true in communities where services to young parents are not specialized--for example, where pregnant students are allowed to remain in regular school, or where prenatal care for adolescents is not differentiated from adult care. In such cases, extra community efforts should be directed toward developing ways to improve parenting skills and provide supplemental child care.

Adolescents as Parents

Adolescent parents often have little knowledge or experience with young children. Traditionally, childrearing information was passed from generation to generation through an extended family structure. One hundred years ago, the average U.S. family had five children; today the average is 2.3. Thus, fewer young people now reach adulthood with practical experience in assuming responsibility for children. Even those who have cared for younger sisters and brothers may lack basic information.

In addition to their inexperience and lack of knowledge about childrearing, young mothers and fathers must cope with the natural fears of new parents and the many developmental demands and stresses of adolescence.

Young mothers and fathers often feel ambivalent toward their children. Certainly, the responsibilities and restrictions of early childrearing place heavy burdens on adolescents. The infant concretely represents these added responsibilities. If a young mother feels torn between her own developmental needs and desires and those of her infant, conflicts and guilt feelings can result. Young parents may need help in recognizing these feelings and the reasons for them. Expressing and understanding their ambivalence can help them face it more forthrightly.

Most mothers feel some insecurity about their ability to care for their first child. These feelings may be compounded in adolescent mothers who, like many young people, may lack self-confidence. Problems that led to or derive from the pregnancy may cause these feelings to be even more pronounced. Therefore, one of the important tasks for those providing services to adolescent parents is helping them gain self-confidence and increase self-esteem. Success in nonparenting tasks can be helpful--for example, success in school or social success. In addition, sharing experiences and feelings with other young parents can prove supportive.

DEVELOPING PARENTING SKILLS

Success in parenting also contributes to a young mother's self-esteem. If she knows how to comfort a crying infant, care for a diaper rash, or help a child learn through play, a school-age mother can become a more confident parent. If she is able to turn to others for guidance and support without having them take over the care of the child or belittle unsuccessful efforts, her self-image and parenting ability will be enhanced.

A young mother may expect her infant to benefit from discipline during the first year of life, or she may attribute adult thinking and reasoning to her child long before he is capable of such processes. When her expectations are not met, her disappointment and frustration may cause her to react in anger, and she may vent her feelings on the child through inconsistent care, neglect, or even physical abuse. Therefore, programs can make a valuable contribution by helping adolescent parents arrive at realistic expectations for their children: young parents need to know about child growth and development, the physical care and protection of children, and preventive medicine.

By providing opportunities for young parents to articulate their feelings, hopes, and expectations for their child, programs can establish a firm foundation for learning. Discussions can

be informal or structured into group or individual counseling sessions. One program asks the young mother how she would like her child to think or feel about himself, his mother, school, and friends. The program then helps the young woman act in a manner consistent with her values and goals.

UNDERSTANDING HOW INFANTS LEARN

To gain confidence and competence as parents, young people need to understand more about how infants learn. Studies now indicate that infants may begin to learn before birth. They appear to exercise their various reflexes in utero: some suck their thumbs, and they all practice swallowing the amniotic fluid.

Although the most visible activities of newborns are sleeping and eating, they are also learning an amazing amount about the world. Young parents must learn to recognize and respect the great amount of learning required of an infant in a short period of time. It is also important that they gain an appreciation of the varying rates at which infants proceed through learning and development.

Many young mothers may express disgust at doing anything as "silly" as talking to a baby "who can't understand." Watching someone else relate to the infant verbally and with eye contact can help them appreciate this important area of child stimulation. Caregivers in group infant day care centers, foster grandparents, family day care mothers, and home visitors all can provide models that enhance this aspect of parenting.

Young parents often express concern about "spoiling" their child. They need to understand that comforting infants when they cry and indulging them in exploration of their world will not spoil them but, instead, will actually foster their growth and development. Although infants should be protected from hazards such as hot stoves, steep stairs, and sharp objects, they also should be given freedom to explore. Not only will such freedom enable them to become more self-reliant, but it may also result in fewer demands on the mother or other caretaker.

As infants and toddlers, children accomplish much of their learning through play. In a very real sense play is their job. At times, the actions of a curious child may be viewed as "being naughty." It is important for young parents to understand the need for encouraging rather than punishing this natural curiosity. Programs should teach young mothers and fathers how to structure the infant's environment so it provides safe, interesting, age-appropriate materials for him to play with and explore. For example, showing adolescent parents how to construct a crib mobile is a creative activity that can also serve as a learning experience. By considering and designing the mobile from the point of view of the infant's visual field, the young parent can gain insights into the developmental process.

Another way programs can insure that the infant's environment contains stimulating, age-appropriate materials is to establish a lending library from which young parents can borrow toys, books, records, and even outdoor play equipment. Such libraries need not be prohibitively expensive; convassing neighborhoods for donated equipment is one way to begin. Moreover, repair of such equipment can be a means of involving young fathers. The repair work can provide a background for discussing the importance of play for young children and the type of intellectual and physical growth stimulated by various materials.

Whether married or unmarried, young fathers usually participate in child care in some manner. They may have total responsibility for the child on weekends or while the mother is attending school (night school, for example), keeping a doctor's appointment, or shopping. These young men should be encouraged to enroll in courses or attend special sessions related to child growth and development.

CHILDREARING EDUCATION

When childrearing courses are offered in the schools, it is important that they be accredited. If classes are given on a noncredit basis, an adolescent parent may have neither the time nor the motivation to pursue them in spite of their importance. One school system has expanded its personal and family living course to include information needed by young parents. As part of another system's accredited child development course, pregnant students help care for infants in a nursery operated on the site of the special education classes, while new mothers help care for toddlers.

Another way to teach needed information is by providing special hours for young parents at a well-baby clinic. This gives opportunities for group counseling and parent education. In some group infant day care settings, informal parenting education is provided by the caregivers when the young mothers bring their babies or pick them up.

At some point, all parents--mothers, in particular--need to get away from their children and other responsibilities. School-age mothers are no exception. One group infant day care center provides a place for young mothers to do their homework before taking their infants home. For those who need it, tutoring is available at the center. This permits the young parents to feel more relaxed during the time they spend with their children and also allows them more personal freedom after their children have gone to bed. Another school-based program provides infant care while the mothers attend special morning classes and extends the child care services one afternoon a week to give the young mothers some free time.

Because of their youth, limited education, and lack of experience, young parents usually have severe financial limitations. They may be unable to purchase the products and services--including supplemental child care--that they want or need. It is essential that programs offer consumer education related to infant care.

Young parents need help in learning how to select baby furniture, food, clothing, toys, etc. They need to understand that a homemade toy or article of clothing is potentially as good or better than a manufactured product--that playing with pots and pans can be as stimulating to a child as an expensive toy.

Information on nutrition should be stressed for both young parents. Adolescents who have erratic dietary habits may inadvertantly share them with their infant. They may feed the child at irregular times or provide a diet filled with teenage snack foods such as cokes and potato chips. Young parents need to know what foods are appropriate and when children should be fed; they need to understand the relationship of nutrition to growth.

INTERVENTION IN CHILD CARE

Because of their financial dependence, young parents often must live with relatives--usually their own parents--or in shared apartments or communal living situations. As a consequence, they may not have the space to be by themselves with the baby or, conversely, they may seldom be physically out of the child's presence.

Their child care practices are generally open to scrutiny, and the infant may be continually exposed to the intervention of others. If the young parent falters, an over-eager or critical grandparent may step in. Eventually, the child may become the subject of conflict or neglect.

When the mother is very young, the issue of parental responsibility and rights becomes particularly important. In some instances, it may be argued that it is more appropriate for the child to be raised by grandparents. However, the long-range welfare of the young family requires

that the adolescent parent contribute as much as possible to the parenting role. In most cases, the young parent will eventually assume total responsibility for the child, even if early responsibility is shared.

Through home visits, a nurse or counselor may be able to help family members understand that infants need a quiet place of their own and that it is important for parents and infants to share time alone together. If excessive intervention by grandparents or other family members is threatening the infant's well-being or the young mother's autonomy, a nurse or counselor may be able to alleviate the situation by explaining the infant's need for consistent care.

Encouraging the young mother to breastfeed her child can also help prevent intervention in child care practices while it simultaneously strengthens the mother-infant attachment. Although few adolescent mothers express interest in breastfeeding, programs can provide encouragement and support in this area--especially when the young mothers are enrolled in special education classes for a number of months.

SUPPORTIVE RELATIONSHIPS

A troubled living situation can be exacerbated if the young parents are still emotionally dependent. If they still rely on a parent or other meaningful adult for nurturing, the resulting emotional and/or familial conflicts can produce damaging conditions for the infant.

Program administrators note that acceptance by the extended family and, more particularly, the unquestioning support of a meaningful person can greatly influence any mother's ability to be a successful parent. For an adolescent mother, however, such support may be essential if she is to meet her own developmental needs as well as those of her child.

Program efforts can help maintain and strengthen the young parent's constructive relationships. Whether the couple is married or not, the only meaningful figure in the young woman's life may be the father of the baby. Programs may have to find ways of strengthening that relationship, even in the face of parental opposition. If the mother-daughter relationship has deteriorated, efforts should be made to reestablish it as a basis for nurturing and support.

Never having had a chance to be independent, either physically or emotionally, young parents may lack confidence in their ability to make decisions. Adolescents are subject to authority and easily overruled by adults, even when they hold strong opposing convictions.

Programs can assist in this area by giving young parents opportunities to make decisions and carry them out. For example, young mothers and fathers can participate in decision-making concerning various aspects of program services; they can be given responsibility for planning and holding group activities. Program assistance may also be needed to help reduce grandparents' resistance to the growing independence of the young people.

Finally, programs should teach young parents how to select and evaluate quality pediatric and supplemental care. Although there is a great deal of literature concerning the evaluation of a variety of services, young parents often need help in finding available information and support in making use of what is known. It is often difficult for a young mother to use such information simply because she is viewed as a child herself. Therefore, programs have a dual responsibility: they must give young parents the information needed to secure quality care, and they must follow through by providing the support which will enable young parents to make effective use of available resources.

Alternatives in Supplemental Care

Infants come into the world with certain common characteristics, and the infants of adolescent parents are no exception. They cry to indicate discomfort, hunger, or pain; they have inborn reflexes such as sucking and grasping; and, in general, they react in ways that will insure survival.

During their first 18 to 24 months, infants are almost completely dependent on adults for physical care. They must be fed, kept clean, prevented from harming themselves, and protected from a harmful environment. In addition, and equally important, they need security and love.

Nevertheless, each infant has a unique temperament. For example, some babies enjoy being held a great deal of the time; others prefer less physical stimulation. Some sleep a great deal, others considerably less. Some enjoy an active, stimulating environment; others prefer more periods of quiet and become upset by noise.

Identifying and appreciating the individual differences among babies is essential to meeting their developmental needs. Accordingly, one of the most important principles for providing care is that the responsible adults should interact with the infant consistently and over a long period of time. If an infant is given sporadic care by a variety of people, his individuality--his particular needs and preferences--will not be recognized, and he will be unable to accomplish his first developmental tasks.

Principles of child development stress the need for the early establishment of a basic sense of trust between the infant and the adults who care for him. This sense of trust provides the growing baby with the emotional security to venture out into his environment and explore new and exciting things; it is essential for the subsequent tasks of early childhood. If the infant or young toddler is not secure enough to explore his environment, he cannot learn.

Most commonly, children grow in the security of their parents' love. Someone, usually the mother, builds the bond of trust by being warm and loving, meeting the infant's physical needs, cuddling him even when he is not crying, holding him when he is being fed, and so forth. However, because of their special circumstances, young parents may not always be able to give this kind of care. They usually must be separated from their child for significant periods of the day while they attend school or work. Therefore, most school-age parents must rely on some form of supplemental child care on a regular basis. By helping young parents identify their care needs and options as early in pregnancy as possible, programs can help assure the suitability and stability of the care arrangements.

INFANT CARE AND CHILD DEVELOPMENT

Supplemental care may be defined as any care not given by the infant's mother or father. It can be divided into two broad categories: in-home care and out-of-home care. The former refers to the home in which the child is living; the latter may include care of the child in a home other than his own. In establishing guidelines for selecting and evaluating supplemental care, some general principles of child development can be usefully applied.

It is known that multiple caregiving can have a negative effect on a child's growth and development. It is important, therefore, that the young mother find a situation in which a single primary individual will be responsible for the baby's care and well-being.

In addition, the caregiver must be able to provide adequate time, attention, and care to help the infant establish the essential sense of trust. This means that the caregiver must not be distracted by too many other children or diverting tasks.

To maintain the child's trust in adults, the care arrangement should be as stable as possible. Arrangements that break down, requiring a new person to get to know the infant and vice versa, place strain not only on the child but on the young mother as well.

It is also important that the caregiver sees herself or himself in a supplementary rather than a primary role. The caregiver should have a basic understanding, trust, and respect for the young parents. If the adolescent mother is viewed as a child who could know nothing about rearing another child, she may find it difficult to assert her ideas about the baby's care and resent the caregiver for "taking over" the infant. This could negatively reinforce any ambivalent feelings she has toward the child and could lead to an abdication of her child care responsibilities.

The infant's need for exploration and play is another consideration. The caregiver should understand this basic developmental need, and the care situation should provide safe, stimulating, age-appropriate materials.

Adapting these general principles of quality care to the specific cultural and ethnic population to be served is a vital aspect of program planning. If the supplemental care situation is not based on understanding and respect for the healthy differences in cultural values that exist in our society, the school-age parent may reject any childrearing information or may feel a need to change the care arrangement.

Finally, program planners should remember that no single form of supplemental care will meet the needs of all young parents. Personal preference, availability, cost, and location of care will all influence choices.

IN-HOME CARE

When not in the care of his parents, an infant may be looked after in his own home by someone else. The caregiver may be a relative, a paid babysitter, or others in residence, if the mother is living in a communal situation.

Care in the infant's own home is probably the most common form of supplemental care. Those in upper income brackets, both in this country and abroad, have long employed wet nurses or nannies; those from less wealthy families generally turn to close relatives when child care is needed.

Since so many young mothers and young families live with their parents, the maternal grandmother usually assumes the supplemental care responsibilities. This is so common there is a tendency to forget it is a supplemental care arrangement and that supportive services may be needed. Other relatives--the young mother's siblings, her grandmother, or her mother-in-law or father-in-law--may also care for the infant. Relatives who live in the same home are rarely paid for child care.

When no relative is available to care for the infant, young parents may employ a babysitter who comes to the home. This choice is most common among young couples who are living on their own.

Some school-age mothers live in communal settings. A number of communities have established agency-sponsored group apartments or group homes for young parents. In such cases, the living arrangement is usually supervised by a paid houseparent or houseparent couple. The houseparent (particularly the housemother) may assume child care responsibilities while the young mothers are at school or work. At other times, the mothers usually share care of the infants.

Informal living arrangements among teenage mothers--in communes, with other young adults, or in apartments shared with other young mothers--are less common but do occur. Child care in such instances may be entirely on a shared basis.

ADVANTAGES OF IN-HOME CARE

There are a number of advantages to having a child cared for in his own home. Needed equipment is readily available, and the infant is in a familiar environment. Because the caregiver is either in the home or comes to the home, transportation is not a problem. Thus, the young mother saves the expense and inconvenience of transporting her child. When the infant is ill, it is less likely that care arrangements will break down since the child remains at home.

Because the caregiver in the home is usually a relative, the infant is more likely to receive care from someone who is genuinely interested in his welfare. A relative usually feels concern for both parent and child; this enhances the quality of care. Although caring for the infant may be difficult or inconvenient at times, family members may be more tolerant of erratic hours and more willing to adjust their schedules to meet the young parents' needs. Moreover, care by relatives is usually free--an important consideration in view of the financial limitations of most adolescent parents.

In-home care given by a babysitter can be a positive experience for the infant if the caregiver is warm, loving, and developmentally-oriented, and if the care arrangement is stable. If the child is cared for in an agency-sponsored communal living situation, the opportunity for observing the houseparent's child care skills is a definite advantage. When young mothers share living quarters and childrearing responsibilities on an informal basis, their child care may lack the consistency and quality of that given by professionals, but the peer group learning and support may contribute positively to each young woman's mothering ability.

DISADVANTAGES OF IN-HOME CARE

Under the most common in-home care arrangement, the maternal grandmother assumes the supplemental care responsibilities. This situation can result in serious conflicts between mother and grandmother over the child's care. The young mother may feel or say, "My mother is taking my baby away from me." She may feel that the growing bond between infant and grandmother is threatening the mother-infant attachment.

Because of her dependent status--both financially and emotionally--an adolescent mother may find it difficult to assert herself and her ideas about childrearing. Accustomed to a subordinate role, she may be unable to confront her mother and insist on her prerogatives as a parent. Thus, she may fail to grow in her parenting role; she may relinquish her child care responsibilities to the grandmother. In some cases, the baby becomes a sibling to its mother--a solution which may be the only meaningful alternative in the case of very young parents.

If the grandmother cares for the infant for a significant portion of the day, she may be unwilling to help at other times. This presents another disadvantage: without supplemental child care, it becomes more difficult for the young mother to socialize with her peers and have the time to herself she needs in order to complete her own growth and development.

An additional disadvantage of in-home care is created when a number of relatives look after the infant. If child care is divided among the young mother's sister, her grandmother, her mother, and other family members, it can result in harmful inconsistency of care or even neglect. If relationships between the young mother and her relatives are strained, they may negatively affect the quality and stability of care given the infant.

Although agreements with babysitters call for reliable, long-term care, such caregivers may move, change jobs, become ill, or have personal commitments that prevent them from providing consistent care. Cancellation of care plans on short notice can create serious problems for a young mother who cannot afford to miss school or work. In addition, babysitters are expensive.

Potential disadvantages of care in a communal situation are similar to those mentioned for other types of in-home care. They relate to the degree of consistency and the general quality of care, the level of conflict, and the stability of the arrangement.

With the exception of the paid houseparents in an agency-sponsored group home or apartment, and some babysitters, those providing in-home infant care are not likely to be trained caregivers. Although the maternal grandmother obviously has had child care experience, her ideas and practices may conflict markedly with some of the techniques the young mother is learning in child care classes or other educational programs. If a sister, another relative, or another adolescent mother cares for the baby, the young mother may need added support in developing sound child care practices.

SUPPORTIVE SERVICES FOR IN-HOME CARE

Convincing a young mother's family or husband that supplemental care is needed may have to be the first step in efforts to assist the young woman with child care. By explaining the benefits of such care for both mother and infant, program counselors, nurses, or home visitors may be able to elicit the family's active support in helping the young woman complete school or get a job.

Another supportive service which can be critically important is sharing with the supplemental caregiver the kind of information being given the young mother. For example, if the maternal grandmother assumes the supplemental care responsibilities and is given child care training, she can contribute to her daughter's knowledge of care techniques and practices. This not only helps insure that the infant receives sound, consistent care, but also enhances the caregiving experience for both mother and grandmother.

Other approaches which have proven successful include using home visitors to provide a joint learning experience for mother and caregiver, or asking the young mother to convey information to the caregiver with follow-through home visits or counseling available if problems arise. If caregivers are to be trained separately, information related to classroom instruction can be provided through group meetings, written materials, or a coordinated home visitation effort.

Regardless of the method used, program staff should be sensitive to the supplemental caregiver's ideas and abilities--even when they differ from accepted standards of care. The caregiver's opinions may be deeply ingrained; they may reflect the care she received from her own mother, or they may be based on information from her doctor or trusted friends and relatives.

Showing understanding and appreciation for her knowledge can create an atmosphere of cooperation which can lead to examination and revision of attitudes and practices. Part of this process is dependent on the instructor's ability to question his or her own opinions and cultural values in relation to the caregiver's experience.

OUT-OF-HOME CARE

When in-home infant care is neither practical nor desirable, arrangements for care outside the home must be made. The available options in out-of-home care usually include center day care and care in someone else's home which is broadly defined as family or home day care.

It is a common misconception that "day care" and "center day care" are synonymous terms. In actuality, "day care" may refer to any form of supplemental care, while "center day care" refers to a specific type.

In most states, center day care cannot be offered without meeting licensing requirements. Although more than half the states regulate center group infant care and many more are developing standards, this type of care is not readily available. One of the primary reasons is the expense of providing quality care for infants in a group setting.

Day care centers may operate on either a proprietary (profit-making) or a nonprofit basis. In general, the cost of proprietary care is such that few school-age parents are able to afford it, and unfortunately, the number of nonprofit centers is usually not sufficient to meet the need. Nonprofit centers such as those operated by church groups or government agencies often have long waiting lists.

As with center care, the cost of family day care varies. In some instances, child care can be arranged on a shared basis, though often the family day care mother provides a paid service.

If the young parent has a relative with children of her own, the sister, aunt, or other family member may be willing to care for the young mother's infant without charge. The mother of another school-age parent may be willing to take the baby regularly, or perhaps on a shared basis with the maternal grandmother. Such an arrangement, if it is consistent, can be very helpful as it allows each grandparent some freedom from child care.

One program for school-age parents arranged training for several grandmothers, enabling them to become licensed caregivers. The grandparents cared for the infants of other young mothers along with their daughter's child. They took pride in their formal association with the program and contributed not only their newly acquired skills but also a sensitivity to the needs of adolescent mothers which is not generally found in out-of-home caregiving situations.

Usually, however, licensed family day care mothers rather than relatives are employed as out-of-home caregivers. To insure that the family day care mother is not caring for too many children, licensing regulations require

that her own children under care at home must be counted as part of the care arrangement. If the number of children served exceeds the prescribed limits, the day care mother must employ additional caregivers. Licensed day care homes must also meet certain standards for cleaniness and safety.

Unlicensed day care mothers are no more or less than paid babysitters operating a business in their own homes and subject to none of the restrictions or standards applied to licensed care. In addition, welfare departments will not pay for such services.

Although young mothers are urged to seek licensed care, it should be noted that licensing does not always insure quality. Licensing standards are primarily concerned with plumbing, floor space, outdoor play areas, and the number of children served. The regulations say little about the real care the infant will receive; they do not insure that the interaction between the caregiver and the infant will be conducive to the child's development.

It is necessary, therefore, that parents make personal assessments of the caregiver and her home. Programs should give young mothers and fathers the information they need to evaluate the caregiving situation and provide the support and encouragement which will enable them to have confidence in their decisions.

OUT-OF-HOME CARE: ADVANTAGES

Family day care offers the advantage of child care in a small group and a homelike atmosphere. The experience can be positive for the infant as it provides an opportunity to explore two environments.

Studies indicate that most day care mothers are warm and loving people who genuinely enjoy children. In addition, they usually have the same or similar cultural backgrounds as the families they serve. This can help prevent problems in communication and conflicts over childrearing practices.

The family day care home is often located in or near the young parents' neighborhood which alleviates transportation problems. Because state licensing laws may be less restrictive for such homes and because these homes are less costly to operate than day care centers, they are likely to be more readily available--a definite advantage if for any reason the family day care situation must be changed.

Although group day care facilities may not be as conveniently located as family day care homes, they offer stable, long-term supplemental care. If the infant is appropriately dressed and the means of transportation is safe, commuting will not be detrimental to the child's health or development. The experience of traveling outside the home can actually be positive for an infant because it offers a wide range of stimulation that would otherwise be missed.

An important advantage of center day care is that it offers an opportunity for health surveillance and maintenance programs. These health components may be structured in several ways.

A full-time or part-time pediatrician or pediatric nurse may provide health care at the center. If this is not feasible, centers may be able to develop linkages with community health facilities where the infants can receive care.

Another alternative, often characterized as a preventive or health surveillance program, is most common in day care centers serving children over age three. Under this option, a public health nurse and a pediatrician visit the center approximately twice a month

to give examinations, administer immunizations, and make any necessary referrals. The pediatrician is either paid by the center or assigned by the health department.

If the center is unable to provide any formal health care component, caregivers and administrators can help young parents obtain needed services. They can explain the child's health care needs, make referrals, and give follow-through support and assistance to insure that the infant is receiving adequate care.

Both day care homes and centers provide opportunities for training young mothers and fathers in parenting skills. This is especially true if the caregiving situation focuses primarily on the infants of adolescents. Child care workers can become models of parenting behavior in addition to providing more formal instruction on infant care and child development.

OUT-OF-HOME CARE: DISADVANTAGES

There are a number of genuine disadvantages to out-of-home care. Depending on their level of maturity, young parents may have difficulty organizing their time and responsibilities. A young mother may find it taxing to prepare herself for school or work while simultaneously dressing her infant and gathering the supplies he will need at the center or day care home.

In addition, family day care mothers and group center staff are often overworked. They may not have time to cope with the special needs of school-age parents or the relative immaturity of adolescents. For example, they may lose patience if the infant is not picked up at the home or center as scheduled or if the equipment needed for the care of the child is improperly prepared or transported.

Transportation may be another problem for young parents, and transporting the infant increases the risk of exposure to communicable diseases--especially when the child is under three months old.

Another disadvantage is the possibility of conflicts between the young parents' home environment and the supplemental care program. Few family day care mothers have formal training in child development; as a result, some day care homes provide only minimal care and attention rather than the positive developmental experiences available through family living. If the young mother is receiving childrearing education, the family day care mother may seem unprofessional and therefore suspect.

Even if the day care home or center is licensed, parents cannot always be assured their child will receive quality care. In some instances, licensing standards are not followed; in others, the regulations may have little to do with sound child development practices or they may be inadequately enforced.

NEEDED SUPPORTIVE SERVICES

Financial assistance is one of the primary supportive services programs can offer. If the young mother is eligible, she can be referred to the welfare department which will provide funds for licensed care. If funds can be raised for a nonprofit day care center, supplemental care can be provided at little or no cost to the young parents. If the community is sensitive to the needs of school-age parents, it can give them priority for day care at its nonprofit centers or arrange for "scholarship" services at a proprietary day care facility.

When free or inexpensive alternatives are not available, programs can help arrange part-time employment to enable young parents to

support the cost of supplemental care. Perhaps a young mother could work part-time in a group infant care center in exchange for her child's care.

Aid with transportation may also be needed. Arranging for supplemental care near the young mother's home or school can greatly simplify transportation problems. Some programs for young parents provide bus tokens to enable students to use public transportation; others make arrangements for school buses to take students and infants to and from special education classes which include day care facilities.

Communicating with family day care mothers and center staff is another area where supportive services are needed. If the caregivers understand their special position as role models and if they are sensitive to the needs of school-age parents, the supplemental child care arrangement will be enhanced for all concerned.

Caregivers can be included in program activities; they can be offered special training. At a minimum, they can be given written materials on child development by a home visitor, a nurse, a counselor, by the young mother, or by a representative of the licensing agency.

The need for continual reassessment of the out-of-home care arrangement should be stressed. Young parents should be taught how to evaluate services in relation to their own needs and those of their child. This may require counseling and support to terminate a poor arrangement and assistance in finding a more suitable one.

Establishing Quality Infant Care

Because programs for school-age parents have found that they cannot adequately meet their overall goals unless some arrangements are made for supplemental child care, many have begun to establish their own group infant day care centers. Lack of funds, however, has forced many of these programs to offer makeshift arrangements of only minimum quality.

In many instances regulations regarding group care do not apply because the mothers are on-site. Some programs have taken full advantage of this, at times to the detriment of the child. Neither programs nor parents are happy with these arrangements as a long-term solution.

With the increasing recognition of the importance of the first two years of life, quality care has become all the more crucial. Damaging care experiences in infancy may never be overcome, even when the child receives quality care later. Child development experts indicate that quality group day care will not harm infants, however, such care is expensive. It requires a high ratio of child care workers to infants. The Child Welfare League of America, Inc., recommends a ratio of two infants to one caregiver; other national groups, including the American Academy of Pediatrics, set a standard of no more than four-to-one.

Programs with limited funding face an obvious dilemma: how best to serve mothers without ill-serving infants. Many program administrators who wish to begin center care have hesitated in the face of such responsibility. Providing such care demands great imagination and the ability to stretch both staff and funding.

In order to initiate or improve group infant day care in connection with a program for school-age parents, planners should:

- Become familiar with all supplemental care available in the community
- Determine whether there is a need for additional facilities, or whether the focus should be on persuading the community to improve or expand existing facilities
- Develop linkages with various forms of care so that access becomes easier and the service delivery system more responsive to the needs of young parent families
- Before choosing a program model and assembling staff, consult with experts in the fields of pediatrics, social work, education, and child development, as well as those familiar with quality group infant care
- Secure adequate funding
- Maintain continuing contact with consultants in the fields of child development and group infant day care as well as other infant care programs in order to improve quality

STANDARDS FOR CAREGIVERS

It cannot be overemphasized that the most important part of any program of child care is the caregivers themselves.

Although knowledge of child care is essential, it is also important that caregivers be warm, loving individuals. Caregivers should know that three of the basic activities of infants--eating, sleeping, and elimination--all offer potential nurturing opportunities.

Rather than clustering together to socialize among themselves, it is important that caregivers spend their time with the infants. To provide continuity of care and to build trust and security in a known adult, specific infants should be assigned to specific caregivers. However, if the care of a small number of infants is shared with a partner, there is a wider range of opportunities for satisfaction in the caregiving situation, and constant supervision is assured if a caregiver needs to leave the room.

It is important to set high standards for sanitation. Caregivers should take precautions such as handwashing before every feeding, and after every diaper change and disposal; even with several infants to change, hands should be washed after each change to minimize the chances of spreading infection.

The caregiving situation should provide the infants with opportunities for stimulation and play as well as rest. Time should be allotted at the beginning and end of each day for caregivers to develop rapport with parents and share information about what has happened to the infant during the preceding hours.

Continual staff training and development should be emphasized. While it is important to respect the knowledge and childrearing experiences that caregivers already have, staff training should encourage critical examination of these practices and motivate caregivers to seek greater knowledge and gain child care skills consistent with current child development theories.

CONTENT AND SITE SELECTION

In addition to the interactions among caregivers and infants, there are several other aspects to be considered in the delivery of quality care. For example, careful attention should be given to site selection and the arrangement of space and equipment in the center. Some programs locate the day care center in or near the special program for school-age parents, which may be located in a hospital, a health center, a school, a "Y", a community center--wherever young mothers are grouped for a substantial period of the day. With a day care center nearby, young mothers can return postpartum to finish the school year, or to complete high school.

Those programs for school-age parents that view their services only as an interim phase have generally chosen a central location for the day care center. A few have experimented with locating the center close to or in a high school attended by a sizable number of young mothers.

The content of the infant care program as it relates to individual children and to overall policy should be constantly reexamined. Too much stimulation, too little stimulation, weakening the parent-child tie, and an unbalanced program (too much emphasis on cognitive development, for example) are all dangers.

One special danger for group day care centers serving infants of school-age parents is the tendency to allow them to become laboratories for training in child care. Locating the center in or near classrooms for young mothers or fathers is clearly advantageous, since the parent is near the baby and can care for him during free class periods. However, having a variety of students practicing child care techniques with the infants is clearly undesirable, and potentially harmful.

conclusion

Those concerned with improving the parenting abilities of young mothers and fathers and providing supplemental child care will find that a great deal of ingenuity and flexibility is needed to devise care arrangements, improve the quality of care, and in general help young parents solve their care-related problems.

The potential for truly responsive programming is great as long as program staff members remember that they cannot fulfill all their rescue fantasies: they cannot take over the infant in hopes of assuring it a better life; they cannot relieve young parents of all child care responsibilities.

Planners should recognize that infancy is just the beginning of parenting for the young people involved. They should also recognize that early child care experiences often set the pattern and tone for future childrearing. Consequently, it is extremely important that these early experiences be positive and constructi for both parent and child.

To meet this goal, communities must become more sensitive and responsive to the needs of young families. Schools can be helped to recognize that young parents are indeed parents--with all the rewards and responsibilities that go with that job. They can be persuaded to be more tolerant about absences and more flexible about schedules.

Health care systems can be helped to realize that health services with a child development orientation are the most positive way to insure the care and well-being of infants of school-age parents. Such health services can be made more flexible, and those delivering pediatric care and information can make a special effort to reach out to young parents.

Those offering social services can be made aware that their responsibility for intervention does not stop with the young parents but also extends to those who provide supplemental care for their infants. Other community agencies--courts, licensing bureaus, etc.--can be educated about the problems of adolescent parenting.

Within five short years, the children of adolescent parents will be entering the school system. What happens to them before they enter school will greatly influence how they meet the challenges of that situation and the others that will follow. Whether the goal is support for group infant care, more attention to licensing standards, or developing understanding and tolerance for the problems of young parents, an informed, sympathetic community can make a vital difference.

appendix

This appendix lists some publications which may be useful to people involved in helping parents make supplemental care arrangements and/or people working to improve the quality of care provided by parents and/or supplemental caregivers. Many of the publications listed below provide similar appendices. Thus, this appendix is intended to be a useful starting point in a search for information rather than a complete listing in itself.

American Academy of Pediatrics. Standards for day care for infants and children under 3 years of age. Evanston, Illinois: Author, 1971.

These are recommendations for basic standards for day care for very young children. They cover basic principles, administration, personnel, records, program, health services, nutrition, and facilities for day care centers.

Brazelton, T.B. Infants and mothers: Differences in development. New York: Dell Publishing Co., Inc., 1972.

The first year of life of three very different but normal babies is described in detail. By discussing the growth and development of a very active, a very quiet, and an average baby, the author clearly makes the point that all babies are individuals, and that the range of normal development is quite broad.

Child Welfare League of America, Inc. Standards for day care service. New York: Author, 1969.(revised edition).

This publication sets out appropriate standards for services to children as established by the Child Welfare League of America, Inc. Topics discussed include the role of parents in day care service, education and care in group day care, care in family day care, health and social work programs, and community planning and organization.

Consortium on Early Childbearing and Childrearing. Audiovisual and written aids recommended for use in programs. Washington, D.C.: Author, Sharing, Winter, 1972.

The Winter 1972 issue of Sharing, the quarterly publication of the Consortium on Early Childbearing and Childrearing, Child Welfare League of America, Inc., Washington, D.C., lists a number of books, pamphlets, films, etc., which have been found to be useful in programs for school-age expectant mothers. Some of the publications are concerned with child care; a brief description and the source are provided for each.

Dokecki, P.R.; Bridgman, J.L.; Goodroe, P.C.; & Horton, D.M. A manual for the training of family day care workers. Nashville, Tennessee: Demonstration and Research Center for Early Education, 1971.

This manual emphasizes the importance of the family day care worker and the need for training programs. Most of the manual is devoted to a description of 15 training sessions in a day care home. Interpersonal relationships and program objectives are discussed.

Dittmann, L.L. (Ed.) What we can learn from infants. Washington, D.C.: National Association for the Education of Young Children, 1970.

This booklet is the result of a workshop on infancy. It includes an article by S. Provence on the concepts and processes important in the first two years of life, a chapter by A. Naylor on the determinants of parent-infant relationships, an article by A.J. Solnit concerning early socialization, and a discussion by the editor. The focus of the booklet is, in part, on helping parents provide quality infant care; social and emotional development are particularly emphasized. The authors work from a broadly psychoanalytic orientation.

Elardo, R., & Pagan, B. Perspectives on infant day care. Orangeburg, S.C.: Southern Association on Children Under Six, 1972.

This book represents the proceedings of a workshop on infant day care held in June, 1971. It provides a wealth of information about all aspects of infant day care, including family day care, health, teaching-learning activities, assessment of developmental progress, managing the daily schedule, etc., as well as an appendix of 180 developmental objectives for infants and toddlers (an item checklist).

Evans, E. Belle, & Saia, George E. Day care for infants: The case for infant day care and a practical guide. Boston: Beacon Press, 1972.

This book provides a practical guide to developing an infant care center and program content is examined. Complete appendices include names of state licensing agencies; suggested curriculum, furnishings, equipment, and costs; sample budgets, progress reports, evaluation sheets; institutions offering paraprofessional child care courses; sample medical records sheets; and an infant feeding program.

Giesy, R. (Ed.) A guide for home visitors. Nashville, Tennessee: Demonstration and Research Center for Early Education, 1970.

This training manual contains a discussion of the rationale behind home visitation programs. Extensive practical information concerning useful home visitation techniques is also given. Although the focus is on preschool children, the methods are applicable to programs serving infants and their families.

Gordon, Ira J. Baby learning through play: A parent's guide for the first two years. New York: St. Martin's Press, 1970.

This book has large, multiethnic pictures and an easy-to-read format. It offers concrete suggestions for educational games created from common household items.

Grotberg, E.H. (Ed.) Day care: Resources for decisions. Washington, D.C.: Office of Economic Opportunity, Office of Planning, Research, and Evaluation, 1971.

This book includes articles by a variety of authors with program and research experience in day care. The book is divided into five parts concerned with orientations to day care, programs for children, adult involvement, program supports, and staff training and delivery of services. The index would be helpful to readers interested in particular topics.

Haith, M.M. Day care and intervention programs for infants. Atlanta, Georgia: Avatar Press, 1972.

This booklet provides a review of research and demonstration day care programs for infants under two years of age. The author emphasizes program goals for psychological development, curricula developed to accomplish those goals, and evaluation of those curricula. In addition to center day care programs, home intervention programs are discussed.

Honig, A.S., & Lally, J.R. Infant caregiving. New York: Media Projects, Inc., 1972.

This handbook for training caregivers has been designed for those who will work with children from birth to three years of age. While it has been written from the point of view of training caregivers for a day care center, it would be applicable to training for any care setting, including mothers caring for their own children at home.

Huntington, D.S.; Provence, S.; & Parker, R.K. Day care: 2 - Serving infants. Washington, D.C.: Office of Child Development, U.S. Department of Health, Education, and Welfare, 1972.

This handbook for infant day care includes a great deal of useful information. It covers principles of infant development and care, organization of a day care center, daily planning for infants, and activities for infants. Appendices provide information about sources on day care and child development, equipment and supplies for an infant-toddler center, and toys and books. Most of the booklet is relevant to care in any setting.

Keister, D.J. Consultation in day care. Chapel Hill, N.C.: Institute of Government, University of North Carolina at Chapel Hill, 1969.

This publication gives advice for consultants to day care operations

Keister, M.E. Guidelines for budgeting infant care programs. Greensboro, N.C.: The Institute for Child and Family Development, University of North Carolina at Greensboro, 1970.

The publication provides budget guidelines for an infant day care center, pointing out the various expenses to be considered. It is based on all-day care, 50 weeks per year, for either 20 or 30 (two budgets are given) infants and toddlers.

Keyserling, M.D. Windows on day care. New York: National Council of Jewish Women, 1972.

This book describes an extensive survey of day care needs and facilities in the United States. It provides useful information concerning the observed advantages and disadvantages of a variety of day care options.

Maczyck, A. Orientation and planned experiences for day-home mothers in training. Greensboro, N.C.: Demonstration Nursery Center, University of North Carolina at Greensboro, 1971.

This booklet describes a training program for home day care mothers conducted at the infant day care center; it is based on a two-week training period at the center. A list of characteristics of children aged 2 months to 4 years is included, as well as a list of pamphlets and books about children, play activities, health, safety, etc.

Maczyck, A.; Hawkins, M.; Harris, L.N.; & Keister, M.E. Hidden treasure: Parents search for quality in programs for infants and toddlers. Greensboro, N.C.: Infant Care Project, University of North Carolina at Greensboro, 1972.

This booklet and its accompanying slides (the latter are not necessary for understanding the booklet) provide tips on what to look for and what to avoid in a program for infants and toddlers.

McLellan, K. Day care cost analysis: A manual of instructions. Chicago: Welfare Council of Metropolitan Chicago, Planning and Research Division, 1971.

This manual sets out the procedures for ascertaining the costs of operating day care centers for children of any age. It was not designed for estimating home or family day care costs, but the same procedures could be used to make cost comparisons.

Office of Child Development. Day care - A series. Washington, D.C.. Office of Child Development, U.S. Department of Health, Education, and Welfare, 1972.

This is a series of seven handbooks concerning day care. The series includes: 1) A statement of principles; 2) Serving infants; 3) Serving preschool children; 4) Serving

school-age children; 5) Staff training; 6) Health services; and 7) Administration. (The second booklet is listed separately in this bibliography under its authors: Huntington, Provence, & Parker.)

Osmon, F.L. Patterns for designing children's centers. New York: Educational Facilities Laboratories, 1971.

The author, an architect, has summarized issues involved in the design of an away-from-home, group child care program for children 2, 3, and 4 years of age. It includes extensive detail on design-related problems concerning activity, staff, etc.

Ostfeld, B.M. The crib environment: How it can be arranged to enhance the infant's social and intellectual development. New York: Curriculum Development, Inc., 1971.

In a short article the author gives suggestions for arranging the crib and its surroundings so as to facilitate development. Useful suggestions concerning vision, hearing, touch, coordination, cause and effect, toy-safety, and the danger of over-stimulation are given.

Painter, G. Teach your baby. New York: Simon and Schuster, 1971.

This book describes planned play activities for children from birth to 3 years of age. It is a manual written to help parents know what to do to facilitate the development of their infants.

Parker, R.K., & Knitzer, J. Day care and preschool services: Trends and issues. Atlanta, Georgia: Avatar Press, 1972.

This booklet surveys knowledge concerning existing child care services in the U.S.A., discusses some problems related to the provision of child care, and poses some options for policy decisions. The appendix includes a comparative analysis of several supplemental care options.

Pekarsky, D.; Kagan, J.; & Kearsley, R. Manual for infant development. Tremont Street Infant Center.

This manual is designed for caregivers working in any setting. It provides detailed information about things to do with babies from two to thirteen months of age. It describes the characteristics of infants at different stages in this age range and explains the importance of the procedures advocated.

Pierce, W.L. Profiting from day care. New York: Child Welfare League of America, Inc., 1972.

This paper addresses the profit motive as it pertains to day care, noting that the myth of the free enterprise system has led to the false belief that the best product can be bought for the lowest cost through a combination of competition and efficiency guaranteed by an open market. The author cites nursing home care under Medicare and Medicaid as examples of the poor care that often results when big business offers care previously provided on a voluntary basis.

Prescott, E.; Jones, E.; & Kritchevsky, S. Day care, Volume II: Day care as a child-rearing environment. Washington, D.C.: National Association for the Education of Young Children, 1972.

This study describes group day care as a childrearing environment, and includes a comparison of day care centers and homes as childrearing environments. It is focused almost entirely on the preschool age group, not on infancy.

Prescott, E.; Milich, C.; & Jones, E. Day care, Volume I: The "politics" of day care. Washington, D.C.: National Association for the Education of Young Children, 1972.

The questions, how does a community get group day care and, once day care is obtained, how can the community regulate its quality, are addressed by this publication. Studies in California form the basis of the discussion, but much can be generalized to other areas.

Provence, S. Guide for the care of infants in groups. New York: Child Welfare League of America, Inc., 1967.

This booklet provides a great deal of information about infant care and development. It is addressed to institutional child care, but some of the information is relevant to any group care setting.

Ricciuti, H., & Willis, A. A good beginning for babies: Guidelines for group care. Ithaca, N.Y.: New York State College of Human Ecology, Cornell University, 1974.

This manual is intended to be of practical assistance primarily to those most directly concerned with establishing and maintaining developmentally facilitating group care environments for infants under 12 to 15 months of age, either in center-based or family-based day care settings.

Rood, L.A. Parents and teachers together: A training manual for parent involvement in Head Start Centers. Washington, D.C.: Cryphon House, 1971.

Although this manual was designed for Head Start programs, it would be useful in trying to facilitate parent involvement in a variety of community programs.

Sale, J.S., & Torres, Y.L. "I'm not just a babysitter." Pasadena, California: Community Family Day Care Project, Pacific Oaks College, 1971.

This book describes the first year of the Community Family Day Care Project. Its goals were to identify the child care services in existence, explore methods which might be useful in improving the quality of services, and to investigate possible alternatives. The study was conducted in a multiracial, low-income neighborhood in Pasadena, but the report contains a great deal of information applicable to any community.

Segner, L., & Patterson, C. Ways to help babies grow and learn: Activities for infant education. Denver: World Press, Inc., 1970.

This booklet contains activities designed to help babies learn skills which prepare them for successful school experiences. The material is divided into four areas of development: language, personal-social, fine motor, and gross motor. The final sections of the book list commercially available and homemade toys in age-appropriate groupings.

Southeastern Day Care Project, Southern Regional Education Board, 130 Sixth Street, N.W., Atlanta, Georgia, 30313.

This demonstration program in Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee is concerned with all types of day care for children from birth to 14 years of age. It publishes bulletins, articles, and pamphlets on day care, including several on family day care, and other useful topics such as income tax deductions for family day care homes, a cost analysis system for day care programs, and problems of licensing for family day care homes.

Swenson, J.P. Alternatives in quality child care: A guide for thinking and planning. Washington, D.C.: Day Care and Child Development Council of America, Inc., 1972.

This book is a guide for assessing child care alternatives, and specifically for assessing family day care homes, group day care homes, and day care centers. It includes discussions of different types of programs, different settings, case studies, parent and community involvement, and infant, after-school, and problem-child care.

Tronick, E., & Greenfield, P.M. The Bromley-Heath infant curriculum and operating notebook. New York: Media Projects, Inc., 1972.

This book is based on experiences in one of the first individualized group infant care centers. The first section deals with curriculum sequences for infants from birth to 24 months. In the second section, fifteen essays deal with practical questions such as how a caregiver sets up a schedule. The final section addresses some of the more difficult issues involved, such as disagreements about discipline.

Tronick, E., & Greenfield, P. Infant curriculum: The Bromley-Heath guide to the care of infants. New York: Media Projects, Inc., 1973.

This curriculum is designed to encourage mothers or supplemental caregivers to play with infants in ways that will facilitate development. The curriculum provides extensive detail about play activities and their important role in development.

Wayne State University Child Development Training Program. Handbook for home care of children. Detroit, Michigan: Author, 1971.

This is a handbook written for day care mothers. It includes chapters on how to become a day care parent, how to set up your home for day care, how to meet the special needs of each age, how to have fun with children, how to handle behavior problems, and a bibliography of books, etc., on child care.

Zamoff, R.B., & Lyle, J.R. Assessment of day care services and needs at the community level: Mt. Pleasant. Washington, D.C.: The Urban Institute, 1971.

This booklet describes how to find out about day care services and needs at the community level. It describes an investigation in a Washington, D.C. neighborhood but has been written so that any community could apply the procedures. It separates needs for children under 3 from those for children between 3 and 6.